

**Refugee Nutrition Information System (RNIS), No. 35 – Report on the  
Nutrition Situation of Refugees and Displaced Populations**



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# Refugee Nutrition Information System (RNIS), No. 35 – Report on the Nutrition Situation of Refugees and Displaced Populations

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## United Nations Sub-Committee on Nutrition

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UNITED NATIONS Administrative Committee on Coordination

SUB-COMMITTEE ON NUTRITION

The ACC/SCN 29<sup>th</sup> Session  
including a one-day Symposium\* on  
***Nutrition in the context of crisis and conflict***  
will take place in Berlin, Germany

**Monday 11 through Friday 15 March 2002**

Registration and programme details are available on the SCN website <http://acc.unsystem.org/scn/>

\* Recent decades have seen an increase in the number of crises of a complex nature, involving both human and natural causes. These crises impact heavily on the nutrition of emergency affected populations, as public health environments are eroded along with food security and traditional coping mechanisms.

The symposium will explore the dynamic and complex interaction of factors influencing nutrition in crises of all kinds, at the level of both policy and practice. Particular focus will be given to the definition of vulnerabilities and the factors influencing a household's ability to cope with crisis. The two-hour wrap-up on the following day will identify recommendations for SCN action.

The symposium will include:

- Opening address by Heidemarie Wieczorek-Zeul, Federal Minister for Economic Cooperation and Development, Germany
- A Keynote addresses by Austen Davis, MSF, Holland, with a response from the UN system by Catherine Bertini, WFP
- Four to five invited papers
- Panel discussion
- The Sixth Dr Abraham Horwitz Lecture

## HIGHLIGHTS

**Eritrea and Ethiopia:** The peace between the two countries remains and has continued to facilitate the rehabilitation of the war affected. However, in many areas people remain vulnerable from the effects of many years of drought. Rains were improved in some areas leading to improved crops but the Somali Region of Ethiopia still suffers from poor rains and deteriorating conditions.

**Somalia:** The situation has deteriorated dramatically as a result of the failure of the Gu rains and harvest. The situation is exacerbated by the chronic food insecurity of much of the population. The southern area of the country has been particularly badly affected. Water sources have dried up, pasture is poor and livestock deaths have been reported. This has resulted in distress migration to areas with possible resources. The poor economy and an increase in insecurity has also affected the humanitarian outlook.

**Sudan:** An near normal rainy season in some areas has improved the food security outlook. However, many people in the southern regions, remain extremely vulnerable as a result of ongoing conflict between the government and the SPLA. The conflict continues to displace populations and constrain humanitarian access particularly in Bahr-el-Ghazal.

**Sierra Leone and the West African Region:** There has been a marked improvement in the overall security situation in Sierra Leone as a result of the continued implementation of the Abuja peace accord. This has resulted in the opening up of many areas of the country and the increased return of IDPs and Sierra Leonean refugees from Guinea. The security in Sierra Leone has improved the situation in Guinea but Liberia is still experiencing conflict in the northern Lofa county. As a result the humanitarian situation in the country is deteriorating.

**Great Lakes Region:** Advances in the peace processes in Burundi and DRC have increased the potential for an improvement in the humanitarian situation. However, both countries suffer from continued violence which has created huge needs amongst the population and seriously constrained the ability of humanitarian agencies to access them. As a result of the continued conflict, refugees continue to enter Tanzania. The

situation in Uganda appears to have improved as a result of a decrease in rebel activity.

**Angola:** There has been an escalation in the conflict between UNITA and government forces. This has increased the level of displacement and agencies are noting that IDPs are making their way to towns and cities with active assistance programs. However, they are arriving in desperately poor condition. Access to many areas is very problematic and as a result many of the most needy are not being assisted.

**Afghanistan:** The humanitarian situation in Afghanistan has been deteriorating drastically over the course of 2001 as a result of both drought and conflict. The crisis was deepened by the events of September 11<sup>th</sup>, which have resulted in retaliatory American air strikes on the country. The population, many of whom were already unable to cope without assistance prior to September 11<sup>th</sup>, are now suffering the effects of greatly increased conflict and the beginning of the harsh winter. The entire population is extremely vulnerable but those displaced both pre and post September 11<sup>th</sup> are particularly vulnerable. One of the greatest problems is the difficulty of getting aid to many of the most vulnerable who will be unlikely to be able to meet their basic nutritional needs.

**Table 1**

**Risk Factors Affecting Nutrition in Selected Situations**

Situations in the table below are classed into five categories (row 1) relating to prevalence and or risk of malnutrition (I – very high risk/prevalence, II – high risk/prevalence, III – moderate risk/prevalence, IV – not at elevated risk/prevalence, V–unknown risk/prevalence, for further explanation see inside of the back page). The prevalence/risk is indirectly affected by both the underlying causes of malnutrition, relating to food, health and care (rows 2 – 4, and also Figure 1 at back of report) and the constraints limiting humanitarian response (rows 5 – 8). These categories are summations of the causes of malnutrition and the humanitarian response, but should not be used in isolation to prescribe the necessary response.

Factor	Refugees in Kenya	IDPs in Aweil town/camps, S Sudan	IDPs in Kenema Sierra Leone	IDPs in Afghanistan	IDPs in Malange, Angola	IDPs in Western Uganda	IDPs in Maniema Province, DRC	Drought displaced southern Somalia
1. Nutritional risk category	II	II	III	I	III	III	II	I
2. Public Health Environment (water, shelter, overcrowding, access to health services)	O	X	O	X	O	O	X	X
3. Social & Care Environment (Social organisations and networks, Women's role, status and rights)	O	X	?X	X	O	X	X	X
4. Food Security		X	O	X	O	O	X	X
5. Accesibility to	?	O	?	X	?	O	X	O

population									
6. General resources									
– food (gen stocks)	O	?O	O	X	?	?	X	X	
– non-food	X	?O	O	X	?	O	?O	X	
7. Personnel*	?	O	?O	X	O	O	?O	X	
8. Information	?	O	?	X	O	O	O	X	

? Adequate

O Mixed

X Problem

? ? Don't know, but probably adequate

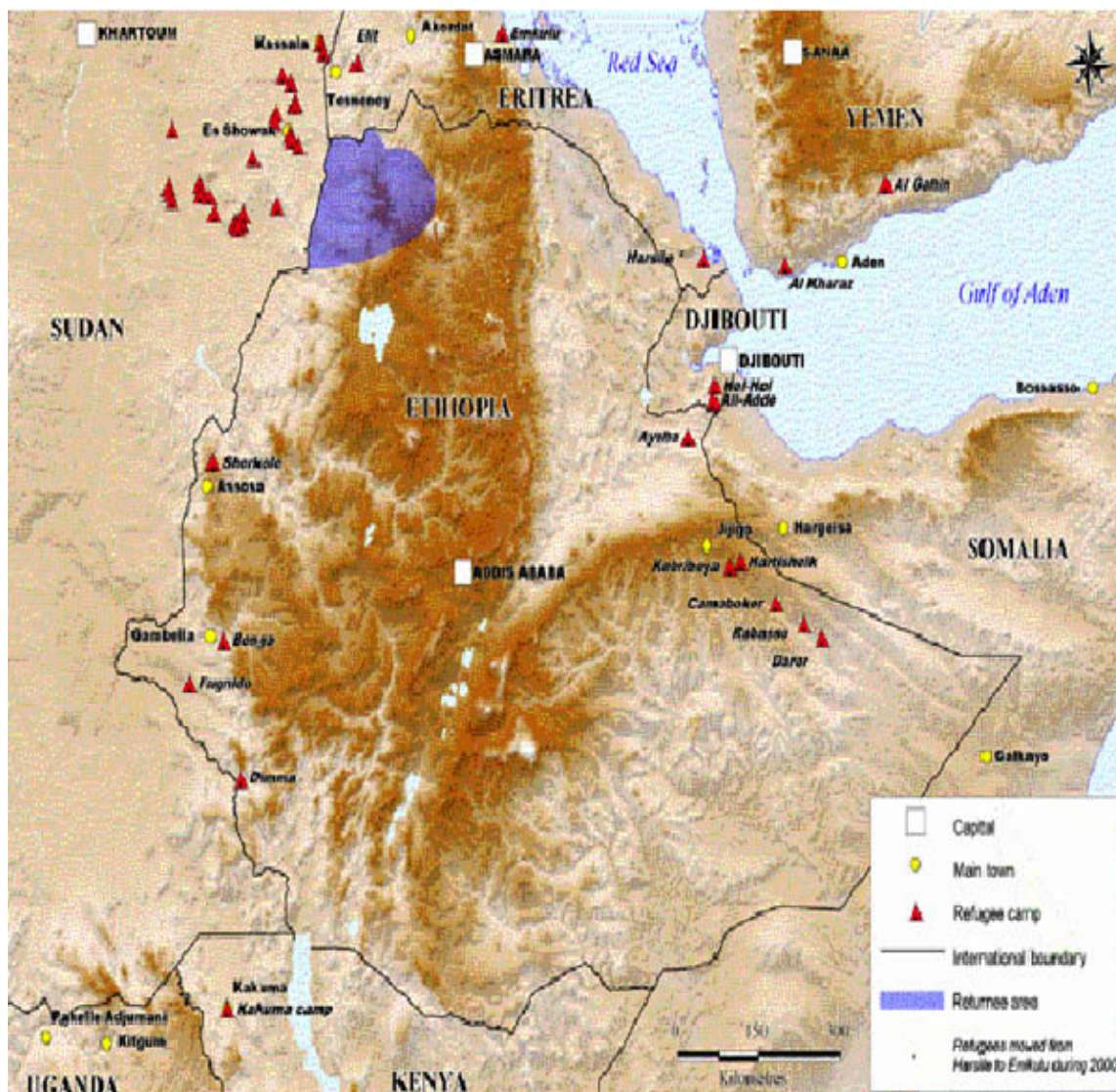
?X Don't know, but probably inadequate

\* This refers to both adequate presence and training of NGOs and local staff where security allows

## SUB-SAHARAN AFRICA

## GREATER HORN REGION OF AFRICA





## Eritrea

The last three months have seen the continued improvement of the humanitarian situation in Eritrea. As a result of both the past war with Ethiopia and the regional drought of last year, the WFP have been targeting 1,048,404 war affected persons that include IDPs, expellees, vulnerable host communities, returning refugees from Sudan and demobilised soldiers. (FEWS 06/09/01). The number of people requiring humanitarian assistance is expected to increase by as much as 100,000 by the end of the year because of the number of refugees currently being repatriated from Sudan. The repatriation is a good indication of the improving situation but it will mean that the need for food assistance will continue until returnees are able to return to their places of origin or are resettled.

The security situation has greatly improved and Eritrea and Ethiopia remain separated by a Temporary Security Zone (TSZ) manned by over 4,000 peacekeepers and observers from the United Nations Mission in Ethiopia and Eritrea (UNMEE) (ICC 16/08/01). UNMEE plays a crucial role in monitoring the peace agreement between Eritrea and Ethiopia and recently helped to dispel tension from Ethiopian claims that Eritrea was once again preparing for war. On September 14<sup>th</sup> the UN Security Council voted to extend its mandate until March 15<sup>th</sup>, 2002 (UNDP-EUE 22/10/01).

A recent crack down on alleged dissidents by the government resulted in the arrest of eleven Eritrean journalists as well as former senior government officials and soldiers (UNDP-EUE 22/10/01). The arrests have been widely condemned and in a related action the Eritrean government expelled the Italian ambassador on September 29<sup>th</sup>. The expulsion of the ambassador, who is also a key representative of the European Union, is believed to be a result of a letter of condemnation of the arrests that he had written. It is now feared that his expulsion will adversely affect future EU funding to the country (IRIN 19/10/01).

### ***War-affected displaced***

The improvement in security within the country and the alleviation of drought conditions have allowed more of the war-affected displaced to return to their places of origin. It is estimated that over 170,000 IDPs have returned to their home areas since the end of June 2001 (FEWS 06/09/01). Current figures for remaining camp based IDPs indicate that there are 43,995 IDPs in nine camps in the Debub and Gash Barka zones (ICC 30/09/01). The remaining IDPs are currently not able to return to their places of origin. This is a consequence of either insecurity from mines and unexploded ordinance, or the absence of basic infrastructure such as health, water or education facilities. Infrastructure was heavily destroyed during the war. The government, the UN and NGOs are all helping to facilitate the safe return of IDPs by securing areas and helping to reconstruct infrastructure and basic services.

The RNIS has not seen any new nutrition surveys on the war-affected displaced but FEWS reports on a survey carried out in August by SCF-UK, in conjunction with the MOH and ECHO, amongst under-five children in the Gash Barka Zone. The survey indicated that rates of acute malnutrition were not alarming and were below emergency thresholds, as were both the crude and under-five mortality rates (FEWS 06/10/01). The low rates of acute malnutrition and mortality were attributed to the fact that the survey population came from camps that were well supplied with general food rations, supplementary feeding programs, health care, water and sanitation. However, these results cannot be extrapolated to all IDPs in camps in Eritrea and it should be stressed that the IDPs remain highly dependent on external aid.

### ***Drought affected populations***

Successive years of drought in the Horn of Africa, culminated last year in widespread acute food insecurity as failed harvests left people with very little resources to fall back on to meet their nutritional needs. The RNIS reported in July that the short azmera rain season, normally starting in April, had all but failed. FEWS reports that the main kremti rain season starting in August, proved to be one of the wettest on record. The extreme weather has delayed the planting of some crops and severe storm damage has been reported in some areas of Debub, Northern Red Sea State and Makel. The adverse affects of the unexpectedly high precipitation are concerning but despite this the Ministry of Agriculture has issued a preliminary crop estimate that is considerably higher than last years' figures. The expected production is 223,978 MT, while last year's yield was only 85,000 MT (FEWS 06/09/01). FEWS also points out that the high precipitation levels will fill reservoirs and replenish chronically low water tables. This will have beneficial effects on the quantity and quality of grazing for the country's many livestock owners.

### ***Returnees***

UNHCR reports that there were 376,400 Eritrean refugees in Sudan at the end of 2000 (UNHCR 02/10/01). Repatriation of the refugees began in March 2001 after an agreement between the Sudanese and Eritrean governments. 160,000 refugees have been identified for repatriation by the end of 2002 and the exercise began in May 2001 but had to be halted at the end of July because of the onset of the rainy season, making transportation of the refugees impossible. A further agreement between the two governments and UNHCR was signed on September 22nd and as of 20<sup>th</sup> October 2001, a total of 21,417 refugees have been repatriated. UNHCR hopes to assist the repatriation of a further 40,000 refugees by the end of 2001, with an additional 90,000 expected to follow in 2002. Many of the refugees have been in exile for some time, arriving with very little to help them restart their lives, and will need considerable assistance before they are resettled and are able to be self sufficient. To facilitate their reintegration each family will be given up to two hectares of arable land, a cash grant, a food ration and household and agricultural supplies (UNHCR 22/10/01). The RNIS does not have any nutritional information on the returnees.

### ***Overall***

The improved security and crop prospects have all contributed to a general improvement in the humanitarian situation in Eritrea. High levels of precipitation have caused some crop damage but will do much to alleviate the chronic water problems in the country. The fate of the displaced and the newly returned is highly dependent on their ability to return to their places of origin or other areas and re establish their livelihoods free of any dependence on external assistance. This will be highly dependent on the continuation of a good security situation and the de contamination of war affected areas from mines and other forms of unexploded ordinance. In view of the current security state and the improved food security outlook in the country the IDPs are not considered to be at high risk (category IV).

## Ethiopia

The number of people estimated to be in need of humanitarian assistance as a result of drought conditions in Ethiopia as a whole has continued to decline as a result of good Belg rains in many areas. This has significantly contributed to a good Belg harvest and improved access to pasture and water in many areas of the country. It is currently estimated that 4.6 million people will require relief assistance from August to December 2001 (FEWS 25/09/01). In particular it is noted that the number of people estimated to be in need of emergency assistance is at its lowest for seven years at 1.1 million people. This is 63% lower than last year (FEWS 25/09/01). However, the situation remains critical in the pastoral areas of the South Eastern Somali region. Poor rains over the course of the year have left pastoralist populations of this area highly food insecure, with the number of vulnerable people remaining unchanged at approximately one million. WFP reports that 60% of food aid requirements are for the Somali region from October to December (WFP 12/10/01) are not included in resources. A break in the food pipeline is expected sometime in November and WFP reports that the outstanding need is for 30,000 MT.

### Refugees

The situation for the Somali, Sudanese and Eritrean refugees remains mixed largely as a result of a high dependence on humanitarian assistance. At the end of August 2001 UNHCR report that there were 86,153 Somali refugees (18,263 families) in the Eastern camps and 84,180 Sudanese refugees in the Western camps. Repatriation prospects for the Sudanese refugees remain poor as a result of ongoing conflict in Sudan but repatriation of the Somali refugees is reported to be continuing with 6,522 repatriated during August and a further 6,412 per month planned for September and November (UNDP-EUE 08 and 09/01).

UNHCR/WFP/ARRA conducted a series of nutrition surveys of Sudanese refugees in the Western camps of Bonga, Sherkole, Fugnido and Dimma in May 2001 (UNHCR/WFP/ARRA 31/05/01). At the time of the surveys, the total Sudanese refugee population was 74,486. Programs to create income-generating activities do exist but little information is available regarding the relative contribution they make to household food security. However, the restrictions on refugee movement and the relatively small numbers of refugees involved in the income-generating schemes suggest that refugees remain heavily dependent on food assistance. The survey notes that there were no major delays or breaks in the pipeline for the six months prior to the survey. The food basket largely conforms to international recommendations, for Bonga and Sherkole, which also benefit from a blanket supplementary ration to all under-fives. However, the ration falls significantly below international recommendations for Fugnido and Dimma, which also do not benefit from a blanket feeding program (see table below).

**Table showing food basket per person per day in Sudanese refugee camps**

<i>Camp</i>	<i>Wheat (g)</i>	<i>Oil (g)</i>	<i>Pulse (g)</i>	<i>Salt (g)</i>	<i>Energy of ration (Kcal)</i>
<i>Bonga</i>	475	30	50	5	2000
<i>Sherkole</i>	475	30	50	5	2000
<i>Fugnido</i>	400	30	50	5	1756
<i>Dimma</i>	400	30	50	5	1756

The surveys revealed (see table below) that the prevalence of acute malnutrition remains below emergency thresholds in Bonga and Sherkole but are elevated in Fugnido and Dimma (UNHCR/WFP/ARRA 31/05/01).

The high rate of acute malnutrition in Fugnido is concerning, with one of the causes for this cited by the survey as being the presence of unregistered "new arrivals" sharing food with registered refugees. In all camps there appears to be very little opportunity to complement the ration through other sources, with this apparently the problem in Fugnido and Dimma because of the reduced ration received. This is exacerbated by the absence of blanket supplementary rations for the under-five populations in these camps (UNHCR/WFP/ARRA 31/05/01). A UNHCR report from July reported that the crude mortality rate in the Sudanese camps was 0.08/10,000/day and the under-five mortality rate was 0.15/10,000/day. Both rates remain below emergency thresholds and suggest that observed malnutrition is not a result of an unusually poor public health environment (UNHCR 07/01). The RNIS does not have any nutritional information for other refugees in Ethiopia.

**Table showing results of surveys done in Sudanese Refugee camps**

<i>Camp</i>	<i>Acute (W/Ht &lt; -2 Z-score and/or oedema)</i>	<i>Severe (W/Ht &lt; -2 Z-score and/or oedema)</i>
<i>Bonga</i>	9	1.7
<i>Sherkole</i>	9.8	1.1
<i>Fugnido</i>	20.7	3.0
<i>Dimma</i>	10.8	0.7

#### ***War displaced population in Tigray and Afar***

As a result of continued peace between Ethiopia and Eritrea, the security situation in Tigray and Afar has remained stable. This has permitted many to return to their places of origin and begin cultivation once again. The continued presence of the United Nations Mission in Ethiopia and Eritrea (UNMEE) is helping to facilitate returns by assuring that the security situation remains stable and by facilitating the removal of mines and unexploded ordinance, the presence of which has rendered many areas too dangerous for returns. The RNIS has received no new nutrition information on the war displaced in Tigray and Afar but a report by UNHCR on the situation of IDPs in Tigray, in April 2001 indicates that the nutritional situation of IDPs at this time was not cause for concern (UNHCR 28/04/01). The report indicates that there were 287,500 IDPs in March, all of whom were receiving a full ration of 2,138 Kcal comprised of wheat, pulses and a vegetable oil. The report stressed that the IDPs were all heavily dependent on the food aid to meet their nutritional needs as the vast majority had been unable to cultivate crops for the previous three years. IDPs reportedly were able to supplement their diet by selling small parts of their ration to buy alternative foodstuffs. The report also observed that the nutritional status of the IDPs had remained stable for some time (UNHCR 28/04/01).

More recent reports from the Afar region indicate that it has been affected by poor rainfall and that pastoralists in the area remain vulnerable because many of their traditional migration routes have been disrupted by the war. As a result, over grazing and livestock diseases have become largely endemic (UNDP-EUE 15/08/01). This is likely to hamper the return of some IDPs and ensure that a high dependency on food assistance remains.

#### **Somali Region, Eastern Ethiopia**

##### ***Drought displaced***

Whilst the drought situation appears much improved in Ethiopia as a whole, the Somali region is still reeling from three years of drought, chronic under development, the Gulf livestock ban and a break down in the general security network. This has prevented any form of recovery by the drought affected populations, who remain highly food insecure and vulnerable. The number of beneficiaries requiring assistance have remained unchanged at one million (FEWS 25/09/01).

The general food security of the area is extremely poor as a result of another season of poor rains. Much of the region's population are nomadic pastoralists and rely heavily on the Gu rains to replenish water sources and vegetation for their livestock. According to a UNDP-EUE report, a total of sixteen districts in the south east are most severely affected including Warder, Korahe, Jijiga, Fik, Gode, Liben and Afder zones (UNDP-EUE 09/01). Water shortages have been widely reported and emergency water tanking has been taking place in some areas. The lack of water and the need to find pasture has prompted unseasonably early migration of pastoralists to unusually far places. In some cases, this migration has left women and children without access to milk, which is an important source of nutrition during this season. There are also reports that many coping mechanisms are exhausted, in particular the collection of wild foods. The unavailability of wild food plants, even those consumed only at times of severe hardship, is an indication of the seriousness of the situation in the area (UNDP-EUE 03/08/01).

In September 2001, MSF-B conducted a follow up survey in Denan in Gode zone. Denan has had a sizeable displaced population in a camp outside of the town for over a year and has experienced high rates of acute malnutrition. The last survey in April 2001 indicated 51% of acute malnutrition with 9.1% severe (see RNIS 32/33). The recent survey was conducted in the camp and the town at a time when the humanitarian situation appears to be deteriorating in the area. MSF report that there is livestock in the area once again and that both milk and meat is available in the market, but it seems likely that the current drought conditions will reduce the availability of this food source. Water points around the town have already dried up and MSF has begun trucking water to the general population. The Deyr rains are already late and had not begun at the beginning

of October (MSF-B 10/09/01).

The town has an estimated population of 8,000 residents and the camp 8,500. The survey indicated that 98.8% of people were receiving the monthly food distribution of 15 Kg of wheat/person/day since May 2001. The survey showed a prevalence of acute malnutrition (<-2 Z-scores and/or oedema) of 30% including 2.4% severe acute malnutrition (<-3 Z-scores and/or oedema). Mortality figures indicate that mortality rates remain well below emergency thresholds with a crude mortality of 0.1/10,000/day and an underfive mortality of 0.27/10,000/day (MSF-B 10/09/01). The acute malnutrition rates show a marked and statistically significant improvement from April 2001. MSF suggest that the regular general food distribution has played an important role in this improvement. The malnutrition figures are greatly improved and with the low mortality rates indicate that the situation in Denan is not deteriorating. However, a figure of 30% acute malnutrition is still cause for concern, particularly as the deteriorating humanitarian situation in the region at large is likely to make the population more dependent on food aid and external assistance.

In the last issue, the RNIS reported on surveys done in April 2001 by UNICEF and an NGO called Mother and Child Development Organisation (MCDO). As an update, the RNIS would like to report that the survey, conducted by MCDO in April, which showed a rate of acute malnutrition of 31%, was conducted in Hartisheikh camp and not Fafan as originally reported. The high rate of malnutrition to the camps was probably a result of irregular or even non existent food distributions for many months prior to the surveys (Grellety 05/09/01).

### **Overall**

Ethiopia remains an area of endemic food insecurity. Limited recovery has been possible over the summer as a result of a good Belg crop harvest, but full recovery from a succession of droughts will take a long time and it is likely that food insecurity will remain the norm. Within this context of food insecurity, the nutrition situation of drought displaced and refugees remains mixed. Whilst malnutrition rates have dropped in some areas they have increased in others and dependency on humanitarian assistance remains extremely high. The refugees in the country appear to be highly dependent on food assistance and remain at moderate risk (category III). For the war affected displaced in Tigray and Afar the situation appears to be stable with more able to return (category III). The results of a recent survey on drought displaced indicate that their nutrition situation has not deteriorated, despite an increasingly alarming situation in the Somali region of the country. However, they are considered to be at an elevated risk (category II) as a result of a deteriorating humanitarian situation in the Somali region.

### **Recommendations**

*From the UNHCR/WFP/ARRA survey (UNHCR/WFP/ARRA 31/05/01)*

- Increase the general food ration in Fugnido and Dimma to include a full ration of at least 2100 Kcals
- Improve the understanding of underlying causes of malnutrition

*From the MSF survey in Denan (MSF-B 10/09/01)*

- Ensure the continued provision of the general food distribution and improve the ration with the addition of oil and pulses
- Ensure the provision of sufficient clean water to the population
- Lobby for "long term" solutions to the chronic problems of the area (income generating activities, seeds and tools etc)

### **Kenya**

Kenya has been suffering from the regional drought in the Horn of Africa and has seen acute food insecurity emerge in many areas of the country. The current outlook is for an improved situation in the traditional arable districts and highland areas of Western Kenya but the outlook in the north and east of the country remains poor. Pastoralists continue to be most at risk with areas of Turkana, Wajir, Garissa and the Tana River district being the worst affected (FEWS 07/09/01). There are wide spread reports of poor pasture and water

availability, animal deaths and unseasonal migration. The situation is extremely concerning and a deterioration in nutritional status amongst affected populations is likely.

WFP is currently running an enormous food aid program all across Kenya and has suffered from poor funding, resulting in ration cuts in an attempt to avert breaks in the food pipeline. WFP recently announced that their drought relief programme is currently less than 50 percent funded and requires in excess of 34 million US dollars to meet shortfalls (WFP 02/11/01). As a result, a possible break in the pipeline is expected from November onwards. The current food basket is primarily cereals with shortfalls in pulses, critical for their protein content, beginning in October.

### **Refugees**

In July 2001, UNHCR reported that there were an estimated 213,610 refugees in Kenya living in camps around Dadaab and Kakuma in the north east and north west of the country. The refugee populations remain highly dependent on food aid as a result of their inability to engage in economic activities and because the camps are situated in some of the areas most affected by the drought, precluding any agricultural activities. In Dadaab the food ration was substantially reduced, although it is reported that it was increased to 1,700 Kcal from the 1,399 Kcal that were distributed from mid April (OCHA 31/07/01). The RNIS has not received any new nutritional information from Dadaab but the continuation of drought conditions and problems of funding the food pipeline make the refugees extremely vulnerable.

In the last update the RNIS reported on a nutritional survey conducted by IRC/UNHCR and ICH in Kakuma refugee camp (see RNIS # 34). The survey had two components; the first being the assessment of acute nutritional status by anthropometry and the second the assessment of micronutrient status using biochemical indicators. As reported in the last RNIS, nutritional status is poor, with levels being above emergency thresholds. However, a series of surveys over the past few years indicate that the level of acute malnutrition in the population appears to have remained fairly constant at around 17%. The measurement of micronutrient status marks an important departure from the norm, where the focus has traditionally been on the supply of sufficient dietary energy (macronutrients) and has tended to see dietary quality as a secondary concern. The issue of dietary quality is of particular concern in longterm refugee communities. Refugees tend to be heavily dependent on food aid, particularly when in closed camp environments such as Kakuma. This results in very restricted access to food sources other than the general ration and this tends to result in poor diet quality.

The Institute of Child Health (ICH) performed a biochemical analysis on blood samples taken from amongst the refugee population. The biochemical survey indicated very high rates of anaemia in the under-five population with 61.3% of children having a haemoglobin level of below 11.0 g/dl of blood. Anaemia, although an indicator of iron deficiency, can be caused by numerous factors including infection, malaria and other parasitic infections. In order to control for this ICH performed a number of other tests, concluding that the high rate of observed anaemia was a result of iron deficiency (IRC/HCR/ICH 12/04/01). Vitamin A status was also assessed and it was estimated that 47% of children assessed had a serum retinol level below 0.7 µmol/L and were therefore classified as suffering from vitamin A deficiency. It is alarming to note that both the prevalence of iron deficiency anaemia and vitamin A deficiency are both well above emergency thresholds and are indicative of a problem of severe public health importance (WHO 96.10; 2000). The results highlight the need to focus on dietary quality particularly for long-term recipients of food aid. It is also concerning to note that the current deterioration of the humanitarian situation in Kenya with regards to the inadequacy of the existing food pipeline, and the deterioration in food security in the areas where the refugees are situated, means that the refugee populations will remain highly vulnerable to further deteriorations in both macro and micronutrient status.

### **Overall**

There has been an improvement in the food security of some areas but further deterioration in the food security of pastoralists in the north east and west of the country have taken place. Refugees remain highly dependent on humanitarian assistance, with shortages and possible breaks in the pipeline, coupled with the deteriorating food security situation in areas where they are staying, contributing to their extreme vulnerability (category II).

### **Recommendations**

- Support the global appeals for Kenya

*From the IRC/HCR/ICH survey in Kakuma*



- Continue to administer high levels of vaccination coverage
- Improve the micronutrient content of the general ration preferably with the distribution of fresh food
- Ensure adequate fortification of the main components of the general food ration
- Implement food basket monitoring to ensure effective and equitable distributions

## Somalia

Increased insecurity, poor rainfall and the continued disruption of economic activities have severely impacted on the humanitarian situation in Somalia, and as a result WFP have announced that more than 500,000 Somalis face a serious food crisis (WFP 24/08/01).

Until the creation of the Transitional National Government (TNG) in August 2000, Somalia had been without a government for eleven years. It was widely hoped that the creation of the TNG would bring some form of order and stability to the country and allow the process of reconstruction to begin. However, many groups refused to recognise the legitimacy of the TNG and this opposition has grown over the 13 months of its existence. This has effectively curtailed its influence in many areas even within the capital Mogadishu and has led to increasing reports of armed conflict. In August, heavy fighting was reported in the south of the country between the Juba Valley Alliance (JVA), allied to the TNG, and the militia of the Somali Reconciliation and Restoration Council (SRRC), which has remained heavily opposed to the TNG (IRIN 03/08/01). Fighting in the southern region has continued intermittently over the summer and there are renewed fears of a large offensive in the area (IRIN 22/10/01). Fighting also erupted within the capital Mogadishu on October 13<sup>th</sup>, between TNG forces and those of an opposing Somali war lord, resulting in the death of 22 people (AFP 13/10/01). The upsurge in insecurity is having serious impacts on humanitarian access, particularly in areas in the south of the country where the humanitarian situation is at its worst. Concern has been expressed that current humanitarian access is at its worst point since the redeployment of UNSOM forces in 1995.

Dissatisfaction within the TNG over its inability to promote reconciliation and establish regional councils within the country, came to a head at the end of October. The parliament passed a critical no confidence vote against Prime Minister Ali Khalif Galaydh and his 84 member government. The president, who is himself not officially recognised by some elements within the country, will appoint a new government, but without wider recognition from other factions within the country, it is not certain what future it has. In order to facilitate dialogue between the TNG and opposition factions, the Kenyan government has organised a meeting to facilitate peace talks. However, the potential for further insecurity remains one of the greatest challenges to the humanitarian situation (AFP 28/10/01).

This year's *Gu* rains are being described as the worst in seven years and earlier warnings of a possible food crisis have, if anything, been under estimates (FSAU 10/01). The most badly affected areas have been the main sorghum producing areas of Gedo, Bay and Bakool where production has dropped by 90% compared to average (FSAU 10/01). In a normal year, the rains play a vital role in the agricultural cycle and also serve to replenish vital water points used by both humans and their livestock. The rains also serve to regenerate pasture essential to the pastoralist and agro-pastoralist populations. Crucially the rain failure has come on the back of a succession of drought years and for many, the 'normal' coping mechanisms are no longer viable due to the essentially chronic nature of the shock. As a result, people are becoming increasingly food insecure. The FSAU is reporting an increase in the price of cereals and a reduction in the terms of trade in many areas. The situation is also made more severe by the poor economy and particularly the continuation of the livestock ban by some Gulf countries (FSAU 10/01).

Malnutrition rates in Somalia have remained unexpectedly high for a number of years and, within this context of worsening food security, the situation is alarming. WFP have estimated that over half a million people are at risk, and the FSAU recently calculated that the number could be as high as 800,000 if the *Deyr* rains are poor (FSAU10/01). In a recent alert ACF have reported that 385,000 people could be at risk in the Gedo region alone (ACF 29/10/01). The forecasted food gap is currently 55,000 MT of staple cereals and this raises concerns as the WFP appeal in July asked for 20,000 MT. As of 16<sup>th</sup> October, only 4,300 MT had been pledged, according to the Somalia Aid Coordination Body (SACB 16/10/01).

## Southern Regions

## **Gedo**

The situation in Gedo is critical. Three years of poor rainfall have affected agro–pastoralists and pastoralists alike and the food security situation has been deteriorating for some time. The total production of this year's harvest is only 13% of the post war average, with cereal prices increasing dramatically whilst livestock prices are extremely low.

Large scale and unusual migration is being reported with people either moving out of the area or congregating around towns and water points. This is creating huge pressure on already limited resources, with great concern over the possibility of disease outbreaks in these over crowded environments. The majority of those leaving the area are the wealthier groups and the FSAU calculates that 60% of those pastoralists remaining are from the poorest group. There are also increasing reports of wide scale livestock deaths from lack of water and pasture and the resultant food deficit is expected to be a third of total food needs. In energy terms this means that people will have access to 1,450 Kcal where the recommended minimum energy intake is 2,100 Kcal/person/day (FSAU 10/01). The deteriorating situation has been further exacerbated by the affects of the recent closure of the Kenyan and Ethiopian borders because of fears by the respective governments over arms smuggling. Traditionally, people have traded across the border and taken their livestock to better sources of pasture. Ethiopia has also been a source of cheap food in the form of humanitarian rations that have found their way into the markets of southern Somalia as cheap food sources (FSAU 10/01). Reports from clinics within the area also indicate that both moderate and severe malnutrition observed in children screened are on the increase.

## **Luuq**

ACF continued to report increasing numbers of beneficiaries in both its supplementary and therapeutic feeding centres (TFC) over the course of the summer. The TFC in Luuq was originally designed to accommodate 150 people but received 236 admissions in July, with the numbers increasing every week. The increase in beneficiaries prompted ACF to open a second supplementary feeding centre (SFC) in Elbon, near Luuq, in September. ACF report that the numbers of beneficiaries in their two SFCs jumped from 3000 to 4200 in the last two weeks of October (ACF 29/10/01). The rate of admission is extremely concerning and indicates a very serious situation that is far beyond normal patterns for the time of the year. The ACF data suggests that people are at the end of their coping mechanisms and are turning to the centres in Luuq to obtain food. It is also concerning to note that there is currently no doctor in the Luuq hospital and that the town continues to act as a magnet for people too destitute to remain in the outlying areas. The increasing density of people in the town will add to the burden on existing resources and increase the likelihood of outbreaks of communicable disease. The ACF selective feeding centres are currently the only ones operating in the Gedo area.

## **Bulla Hawa and El Wak**

The situation in the two areas remains critical. Health services are almost non–existent and sources of milk, the main source of protein for pastoralists, have dried up. CARE is currently doing a food distribution in the areas but no selective feeding facilities exist, although ACF report that there is a continued high attendance in their SFC on the Kenyan side of the Somali–Kenyan border. The FSAU reports on pre–distribution screening carried out by CARE. The screening used MUAC to assess the nutritional status of children under five and showed that out of the 1208 children screened from five villages in El Wak, 97% were categorised as acutely malnourished (MUAC <12.5 cm) including 14% who were severely malnourished (MUAC < 11 cm). In Bulla Hawa 1635 children were screened, of which 65% were acutely malnourished (MUAC < 12.5 cm) with 7% severely malnourished (MUAC <11 cm) (FSAU 10/01). The RNIS has not seen the reports but the figures indicate an extremely alarming situation and the FSAU have called for an immediate increase in the level of food aid (FSAU 10/01).

## **Bay and Bakool**

There are no permanent rivers in the two regions and all farming depends entirely on rainfall. The failure of the Gu rains has very severely impacted on the food security of the populations of the area. The FSAU has calculated that a typical 'poor' household will suffer a food deficit of between 35–45%, with the figure rising to between 50–70% for the very poor (FSAU 10/01). Nutrition reports from health facilities in the areas show consistently high numbers of malnourished children. This is associated with the massive crop failure compounded by the continuing drought, which has affected both water quality and quantity. One of the responses has been the migration of livestock, with the men leaving women and children without one of their chief sources of nutrition. The closure of the border with Ethiopia has also constrained the cross border



movement of cereals. Use of wild foods is also reported to be on the rise (FSAU 10/01).

In August the FSAU, in collaboration with the local health committee and IMC Rabdure, conducted a quick MUAC assessment of 400 IDP families around the town of Rabdure. The IDPs had newly returned from Ethiopia and have been out of Somalia since the early 1990's. The assessment showed that nearly 40% of the children measured were acutely malnourished (MUAC <12.5 cm), a figure corroborated by local health facilities (FSAU 08/01). It is also worrying to note that the assessment identified three children presenting with Bitots spots (eye signs), indicating advancing vitamin A deficiency. This is particularly concerning as it probably indicates a far higher percentage of non-clinical deficiency which is associated with a greatly elevated risk of morbidity and mortality. There was a high level of reported morbidity amongst the IDP population and the lack of water, sanitation and poor quality of shelters were further causes for alarm.

### ***Juba Valley***

In general the food security outlook for the Juba valley region remains better than most parts of Somalia. This is largely a result of the near normal Gu rainfall. Insecurity in the area forced some people to move temporarily and the closure of the Kenyan border has restricted trade and remittances from relatives. The area has also seen a great deal of in migration from pastoralists seeking food and water for livestock, which will inevitably create competition for scarce resources. Food deficits will occur for the very poor groups but data from health facilities indicate that there is no major nutritional deterioration in the population. The RNIS has no new nutritional information for the area.

### ***Lower and Middle Shabelle***

The RNIS has received no new nutritional information from Shabelle but the FSAU indicates that the situation is not critical (FSAU 10/01). The region is highly diverse and contains one of the highest populations in Somalia. It is a major maize producing area and harvest, although below average, was not too low. Currently water levels and access are reported to be near normal. The area has suffered some insecurity resulting in displacements and the general disruption of livelihoods but, generally, the situation is considered to be relatively good compared to other areas of the country. The area thought to be more food insecure than others is Afgooye, where cereal stocks are reported to be low. Access to food is expected to decline as a result of increased competition for agricultural jobs from people migrating in from other regions, and general increases in the price of staple foods (FSAU 10/01).

### ***Mogadishu***

The RNIS does not have any new nutritional information from Mogadishu but the situation is expected to be poor as a result of the increased number of people seeking employment and assistance. This will put pressure on already depleted resources. There has also been a great deal of insecurity in the city as a result of conflicts between the TNG and opposing militia groups. The capital has also suffered from hyperinflation and the importation of Somali bank notes. Earlier in the year, many traders refused to accept the 500 Somali shilling bank note. The resultant demonstrations turned violent and seriously disrupted the working of the markets and many businesses (IRIN-HOA 12/10/01). The food security of the poorer groups is expected to be poor.

### **Northern Regions**

The Gu rains were poor in most regions and this has adversely affected the predominantly pastoralist communities in the north by threatening livestock conditions and productivity through reduced access to water and pasture. The affects of the rain failures have been exacerbated by the livestock ban by the chief importing countries in the Gulf region. The ban has been in place for nearly a year and looks set to be continued. The main effect of the ban has been to seriously reduce household incomes for groups normally selling livestock or relying on jobs or petty trade associated with livestock marketing (FSAU 10/01). The ban has left many livestock owners with too many livestock, particularly unproductive males, and there is apparent over stocking in some areas. Alternative economic possibilities have also been constrained by the closure of the Djibouti border and the closure of two large refugee camps in Ethiopia that provided a source of cheap cereals. The latest report indicates that some Deyr rains have fallen in the northern regions and that water sources are being replaced. However many people remain acutely vulnerable, particularly the poorer groups in Goldogob in Mudug, Buhoodle in Eastern Toghddeer and areas in Awdal and West Galbeed.

### ***Somaliland***

General food security in Somaliland is poor but better than other areas, particularly in the south of the country. Nutrition data from health facilities indicate relatively low proportions of malnourished children screened in comparison to previous years. However, certain pockets of vulnerability remain, particularly the Haud areas along the Ethiopian border and the returnees in Hargeisa town. UNICEF, MOHL and FSAU carried out a nutrition survey in resettlement camps of Somalis who had returned from being refugees in Ethiopia. The survey indicated a rate of acute malnutrition over 15% with over 5% classified as severely malnourished (FSAU 10/01). The survey also indicated that families were surviving on two meals a day that were insufficient in both quality and quantity. The RNIS has not had access to the survey report. These factors, combined with poor shelter, sanitation, access to health care and poor economic prospects, make this population group extremely vulnerable.

### ***Puntland***

Puntland has suffered from insecurity over the course of the year as a result of fighting over the control of the commercial capital Bosasso. The fighting has added to the problems faced by populations in the area and for a time the FSAU reported that it was difficult to get information on the health situation of people in the town (FSAU 08/01; IRIN–HOA 07/08/01). The primary problem in the region is one of water scarcity that is severely affecting livestock condition.

The majority of pastoralists have moved livestock away from the worst affected areas leaving only the very poorest groups. IDPs and urban poor have been highlighted as being at particular risk because of the sharp economic downturn in the area as a result of the livestock ban, the resultant loss of work and the inflated prices of food. Bosasso and Galcayo towns have been highlighted as being particularly at risk, with health facilities reporting high rates of malnutrition.

### ***Overall***

The failure of the Gu harvest has brought about a deterioration of the humanitarian situation for a country suffering from chronic food insecurity and the situation is now extremely critical. The rain failure has been compounded by the faltering economy of the country and the Gulf livestock ban, which has severely reduced normal income activities for many pastoralists in the north. The most severely affected areas remain the southern regions, which suffered the greatest production losses this year. Within the southern regions it is the poorest income groups including IDPs who are least able to cope with the situation and who are suffering a sharp decline in nutritional status (category I). Other groups of concern remain the returnees in and around Hargeisa town in Somaliland, who live in very poor conditions and do not have access to sufficient mechanisms for attaining food sources (category II).

### ***Recommendations***

- Immediately increase the emergency humanitarian response and in particular the amount of food aid to affected populations
- Decentralise the aid distribution network to try and prevent build ups of large amounts of displaced people
- Expand the system of selective feeding centres to provide urgently needed nutritional support to populations in crisis
- Support traditional livelihood coping mechanisms such as migration
- Support peace and reconciliation moves between opposed factions and the TNG

### ***Sudan***

The humanitarian situation in Sudan continues to be extremely precarious as a result of ongoing conflict and insecurity, particularly in Bahr–el–Ghazal and in Unity State, and as a result of adverse weather conditions, including successive years of drought and recent flooding. The results have been increasing levels of acute malnutrition, particularly amongst displaced populations, and concern that the hunger gap over the summer period would further deepen the developing humanitarian crisis. The current food security situation indicates a general improvement as a result of good and widely distributed rainfall. This has improved cereal availability in

some areas and filled up rivers, making fish an exploitable food source. Wild food sources are also reported to be improving. However, it is important to note that areas of acute food insecurity remain largely as a result of physical insecurity. This has continued to displace large amounts of people and constrain normal livelihood activities. The United States Committee for Refugees has estimated that in excess of 150,000 people have been displaced in the first eight months of 2001 (USCR 02/10/01), bringing the total number of displaced to over 4 million people, the largest displaced population in the world.

At the beginning of October, a peace envoy from the Khartoum government met with Kenyan president Daniel Arap Moi who is currently the chairman of the regional peace process on Sudan, under the auspices of the Inter-Governmental Authority on Development (IGAD). At the meeting, the peace envoy reiterated the commitment of the Sudanese government to the IGAD peace process but emphasised the need to rejuvenate the process. The latest round of talks were meant to have begun on September 24<sup>th</sup> but have been delayed (IRIN 03/10/01). The Khartoum government has expressed its frustration with the talks, stating that it is “fed up” with the lack of progress and could pull out of negotiations if progress is not seen at the next round of talks (IRIN 08/10/01). One of the main sticking points in the talks remains the issue of oil extraction in Unity state, which has been the scene of heavy fighting over the past year. The SPLA/M have announced that they aim to shut down all the oil fields run with government backing in south Sudan (IRIN 23/10/01).

### ***Humanitarian access***

In light of ongoing humanitarian needs in many areas of the country, it is concerning to note that humanitarian access is still a problem, severely affecting the humanitarian community’s ability to provide much needed aid to vulnerable populations. Areas in the south of the country are still experiencing conflict based insecurity, particularly in Bahr-el-Ghazal, which has been the focus of both SPLA and Government of Sudan offensives in recent months. The offensives have resulted in the mass displacement of populations, resulting in the disruption of normal livelihood activities and the collection of large numbers of displaced in areas unable to support them. The insecurity often results in the evacuation of humanitarian personnel and the resultant cessation of aid activities. The town of Raga in western Bahrel- Ghazal has been the site of fierce fighting in recent months, driving many people into the Aweil counties.

Humanitarian activities have also been severely affected by the use of aerial bombing by the Sudan government in southern Sudan. IRIN have reported an escalation in the use of aerial bombing with almost 100 air strikes reported in the first six months of the year, particularly in Bahrel-Ghazal. There have been numerous examples of bombing near to food distribution sites, which have resulted in the suspension of distribution activities. WFP recently announced the forced suspension of food distributions to IDPs displaced by recent fighting in and around Raga town in Bahrel- Ghazal. The suspension occurred as a result of a series of air raids on the town of Mangayanth, which currently hosts 20,000 IDPs. The raids, which took place on the 5<sup>th</sup> and 8<sup>th</sup> of October, bombed around the UN distribution site and one of the raids came minutes before a UN cargo plane was scheduled to air drop food to the area (UNDP-EUE 22/10/01).

Access to vulnerable populations has also been constrained by the denial of permission for some essential relief flights, such as to Bararud in Wau County, where flights were denied in June due to SPLA offensives in the area. Other flight denied areas are in western Upper Nile, where population displacement around the oil fields is increasing. In some areas, flights have been re-directed to alternative airstrips and food has got through to affected populations. However, in recent months heavy rainfall has further complicated access by making some airstrips and roads inaccessible to humanitarian agencies (IRIN 23/08/01).

### ***Drought and floods***

The effects of more than three consecutive years of late rains have resulted in acute water shortages and crop failures in most parts of Darfur and Kordofan regions, as well as parts of east Eatoria and parts of Bahr-el-Ghazal. The drought conditions and their affects continue in some areas but, in general, recent months have seen an increase in rainfall. The most recent predictions until the end of the year are for near to above normal rainfall over southern Sudan (FEWS 14/09/01). The rains have resulted in a general improvement in crop prospects although their distribution has not been uniform. The improved rainfall will also beneficially affect pasture for livestock and access to other food sources such as fish. However some crop damage has also been reported and flooding in some areas has resulted in crisis conditions, particularly in northern and eastern parts along the Nile. IRIN reports that at least 200,000 people have been affected, with many stranded without food, drinking water or medical supplies (IRIN 03/09/01). Despite heavy rains in some areas, the effects of the drought continue to be felt either due to uneven distribution or through the rains arriving too late to save already parched crops and a badly disrupted agricultural system. As a result, the harvest in many of the most severely drought affected areas is likely to remain poor.

## ***Humanitarian response***

Despite various security and donor constraints, the response to the crisis in Sudan has been good and WFP report that their emergency relief operation is 80% funded (WFP 07/09/01). This is crucial as FAO have reported that the food aid requirement after commercial food imports to the country is 244,000 MT (FAO 22/08/01). The pipeline for cereals and pulses was described as good in July but concern was expressed over poor supplies of vegetable oil. Stocks of Corn Soya Blend (CSB) were also low, although new stocks were expected (IRIN 23/08/01). In response to the increased rainfall, WFP has also been forced to conduct more of its food distributions by air, substantially increasing the cost of aid deliveries by as much as 500,000 USD (IRIN 03/09/01).

## **SOUTH SUDAN, NON-GOS CONTROLLED AREAS (OLS SOUTHERN SECTOR)**

September has seen the ending of the hunger period with preliminary findings of the Annual Needs Assessment (ANA) teams indicating that the food security situation in south Sudan is likely to be improved in the 2001/2 year over that experienced in 2000/1. However, areas of acute food insecurity are expected to remain largely as a result of conflict related insecurity, which continues to displace populations and severely disrupt livelihood activities.

### ***Bahr-el-Ghazal***

September has seen the end of the hunger gap due to the beginning of the crop harvest and improvement in the crop outlook. Food security remains of concern but is generally expected to improve as a result of better rainfall over the majority of the region. In southern Bahr-el-Ghazal, rains are reported to have been above normal and, although there have been no reports of flooding apart from in Ajiep, Gogrial county, the possibility of flooding remains. Water levels in the major rivers are high and this has improved access to fishing as a viable source of food. Recent months have seen the continuation of heavy fighting by both Government of Sudan and SPLA troops, especially in Raga County, with reports of continued population displacement.

### ***Aweil East and West***

The RNIS does not have any new information on the nutritional status of populations in Aweil East or West: however, recent surveys by Tearfund (see RNIS 34) in Aweil East have indicated alarmingly high rates of acute malnutrition. Insecurity and drought delayed the planting of crops in both areas, usually done in May until June and July, and there were fears that poor crop performance coupled with insecurity and large amounts of displaced could lead to a deterioration of the situation. However, the latest reports indicate that the cereal availability is currently good as a result of good rainfall on top of improved availability of seeds and agricultural inputs (FEWS 18/10/01). This will have gone some way towards improving the availability of food and is also likely to have improved access to fish and wild foods. As a result of the improved food security outlook, the nutritional status of populations is not likely to deteriorate further but, given the high rates of malnutrition experienced earlier in the year, is still of concern.

### ***Aweil South***

In late July and early August, Tearfund and Action Against Hunger (AAH) USA conducted a nutritional survey in Aweil South. The survey was conducted to investigate the level of malnutrition amongst households suffering from drought, insecurity and a prolonged hunger period. The survey estimated a prevalence of acute malnutrition of 21.9% (<-2 Z scores and/or oedema) including 3.1% severe acute malnutrition (<-3 Z scores and/or oedema) (Tearfund/AAH-USA 11/08/01). The survey also indicates that the majority of the children classified as being not malnourished (i.e. >-2 Z scores), were only marginally above the cut off point and would be likely to become acutely malnourished should the situation deteriorate significantly. The level of acute malnutrition is alarming being significantly over emergency thresholds and is comparable to levels found in Aweil East in June (see RNIS #34). The survey also estimated the under-five mortality rate to be 3.86/10,000/day, which is above alert levels and also gives rise for significant concern. The reason given for the high levels of malnutrition were the poor food stocks from the previous year's drought conditions and the elongation of the hunger gap. This was a result of the expected harvest being put off from early August to September (Tearfund/AAH-USA 11/08/01). The survey also draws attention to the poor access to health facilities for the population. The level of measles vaccination was very low at 13% of surveyed children, and certainly reinforces this observation. It is also likely that the poor security seen in the area has also contributed to the food insecurity of the population. It is important to note that whilst these levels of acute malnutrition are often regarded as normal in south Sudan, they are very significantly above emergency thresholds and indicative of a very serious situation. The harvest in September and October has been relatively good in the

Aweil counties and it is hoped that the increased availability of food will significantly improve the food security in the area and contribute to an improvement in the nutritional status of the population.

### ***Raga (Mangayath)***

Raga County has been the scene of some of the fiercest fighting in south Sudan this year. The fighting began as part of an SPLA offensive in May/early June, which resulted in the capturing of the town from government forces. This pushed tens of thousands of people northwards into Darfur and into the Aweil counties. Government forces have subsequently retaken the town, and fighting in and around the town is still taking place. It is estimated that at least 20,000 people have been displaced within the area to the town of Mangayanth, which is located some 22 km to the south east of Raga town (FEWS 18/10/01). There is concern over the conditions of the IDPs because of the large numbers who are living in a camp with very little access to food, sanitation or clean water. The Mangayanth area is also suffering from food insecurity and food prices in the market are high. The presence of large numbers of displaced also almost certainly compromise the food security of the non displaced population in the area. The area has received repeated attacks by government of Sudan forces and access to the vulnerable displaced population is currently very poor. The RNIS has no nutrition information on the IDPs but they are considered to be extremely vulnerable and their situation should be carefully monitored.

### ***Equatoria***

The situation in Equatoria is not deemed to be critical, particularly in the west where crop performance is described as good. In the east there are some reports of crop damage as a result of the drought, followed by too much rain at the critical flowering stage of the crops. In total, the yield for maize and sorghum is considered to be an improvement on last year (FEWS 18/10/01). The RNIS has not seen any recent nutritional information from the region but Equatoria is considered to be a relatively food secure area. In the absence of major insecurity in the region the food security situation of the population is assumed to be relatively good.

### ***Upper Nile/Jongolei***

The RNIS has not received any new nutritional information from Upper Nile or Jongolei and there has been concern over high rates of acute malnutrition seen in Phou and Bieh states (See RNIS # 34). The general food security outlook appears to be improved as a result of a good rainy season. This has resulted in some flooding and destruction of crops but it will also have contributed to replenished water supplies and increased fishing and wild food opportunities. The harvest is expected to finish at the end of October and threshing will normally take place in November and December. However, the biggest constraint on food security remains the conflict in the oil rich areas of western Upper Nile, which continues to displace populations and disrupt the normal pattern of livelihood activities.

## **SOUTH SUDAN, GOS CONTROLLED AREAS (OLS NORTHERN SECTOR)**

The government controlled areas of south Sudan have continued to see increased levels of conflict, particularly in the region of western Bahr-el-Ghazal.

### ***Aweil town and camps***

Aweil town and camps are a government held enclave in northern Bahr-el-Ghazal and have suffered from insecurity over the course of 2001. As a result, there have been many evacuations of humanitarian staff from the town with no access between June to August 2001. This has resulted in a suspension of the general food distribution (ACF 15/09/01). Food security is considered to be poor because the inhabitants of the town have very little access to the surrounding area and depend on flights to northern Sudan for any commercial exchanges. The fighting in Bahr-el-Ghazal has displaced a large number of people to Aweil town and its camps and WFP estimates that there are currently in the region of 5,919 IDPs in two official camps. IDPs also live in the town amongst the non-displaced population (ACF 15/09/01).

ACF conducted a survey in the camps and the town in September 2001 and found a prevalence of 26.4% acute malnutrition (W/Ht < -2 Z scores and/or oedema) including 5.4% severe malnutrition (W/Ht < -3 Z scores and/or oedema) in the camps. In the town, the prevalence of acute malnutrition was estimated to be 15.9% (W/Ht < -2 Z scores and/or oedema) including 2.4% severe malnutrition (W/Ht < -3 Z scores and/or oedema). The levels of acute malnutrition in both the camps and town are above emergency thresholds although the levels were significantly higher in the camps. The seriousness of the situation is further

reinforced by the under-five mortality rates of 6.5/10,000/day in the camps and estimated to be 1.25/10,000/day in the town. The high under-five mortality rate in the camps is further cause for concern, although the authors indicate that confusion over the recall period may have biased the results. The causes of the high malnutrition rates are linked to the poor food security of the area compounded by months of no general food distribution, the hunger season and the generally poor security of the area. The survey also draws attention to the very poor quality of water sources and a critical lack of access to health facilities (ACF 15/09/01). The hunger season has now ended and the general food distribution has resumed and as a result, access to food is assumed to have improved. However, the poor water quality, the lack of health facilities and continuing insecurity combine to make this population extremely vulnerable.

### **Unity State**

Unity state has suffered continued insecurity over the year and as a result there has been a massive displacement of population, with many people coming to the towns of Bentiu and Rub Kona seeking assistance. The populations of the towns have received food assistance but it has been irregular as a result of insecurity and did not take place from March to June 2001 (ACF 23/06/01). ACF conducted two nutrition surveys in June 2001 in the two towns to assess the level of acute malnutrition. The survey in Bentiu estimated a prevalence of acute malnutrition of 28.9% (W/Ht <-2 Z scores and/or oedema) including 4.8% severe malnutrition (W/Ht <-3 Z scores and/or oedema). In Rub Kona the prevalence of acute malnutrition (W/Ht <-2 Z scores and/or oedema) was estimated to be 38.4% with 6.8% severe malnutrition (W/Ht <-3 Z scores and/or oedema) (ACF 23/06/01). The results of the survey indicate very alarming rates of acute malnutrition that are well above emergency threshold and indicate a very serious situation. It is hoped that the general improvement in food security as a result of better harvests will improve access and availability of food. However, the insecurity in the area continues to restrict livelihood activities and prevent access by humanitarian agencies. As a result this population can be assumed to be extremely vulnerable.

### **Juba**

Juba is a government held enclave in south Sudan that has received enormous amounts of IDPs over the course of Sudan's 11 year civil war. As a government enclave it depends on supplies from the north of the country and as a result of ongoing insecurity in the Upper Nile and Unity states, the normal supply barges from Khartoum have been unable to get through. This has resulted in a reliance on air support and as a result many food items are extremely expensive. WFP is conducting targeted food distributions to IDPs and other vulnerable groups and the daily ration is composed of cereals, pulses, oil and CSB to give a full ration of 2,155 Kcal/person/day. ACF conducted two surveys in July, one in the town and one in the surrounding area. The surveys indicated that the prevalence of acute malnutrition amongst the under-five population in Juba town was 12.1% (W/Ht <-2 Z scores and/or oedema) including 1% severe malnutrition (W/Ht <-3 Z scores and/or oedema). In the surrounding area the prevalence of acute malnutrition was 9.3% (W/Ht <-2 Z scores and/or oedema) including 0.8% severe malnutrition (W/Ht <-3 Z scores and/or oedema) (ACF 17/07/01). The under-five crude mortality rate was calculated as 2.3/10,000/day and 0.68/10,000/day in the town and surroundings respectively. The results of the survey indicate that the nutritional situation is precarious with IDPs in the town appearing to be slightly more vulnerable than those outside. However, the situation is not currently not critical. It is likely that the good food distribution targeted at the vulnerable groups such as IDPs has helped to prevent a slide in nutritional status. It is important to note that the area is isolated and prone to insecurity and the population remains at risk.

## **NORTHERN SUDAN. TRANSITIONAL ZONE**

The Transitional zone has suffered from drought and insecurity, which have resulted in large amounts of people being acutely food insecure. The rains and harvest period are thought to have alleviated some of the problems of food availability but the problem of insecurity remains a large constraint to the food security of the populations of the area.

### **Darfur**

Darfur has been suffering from a very serious drought that has led to very high rates of acute malnutrition (see RNIS # 34). The RNIS does not have any new information on the drought-affected populations but a recent SCF-UK assessment investigated the condition of IDPs from Bahr-el-Ghazal who had fled fighting in Raga county. The population fled with very little in the way of resources and have inadequate access to food and clean water. The assessment was conducted in July amongst camps of IDPs in south Darfur with an estimated population of 20,500. The assessment took the form of a weight for height screening of under-fives in three of the camps and indicated that acute malnutrition was a problem of public health significance with a

prevalence of over 15%. The immediate causes were identified as the inadequacy of food intake, poor access to clean water and a high burden of disease (SCF–UK 10/07/01). The prevalence of malnutrition is high and gives cause for alarm, particularly given the lack of resources of the IDP population and the food insecurity of the populations around them. The population remains at high risk.

### **Refugees**

The RNIS has no new information on the nutritional status of refugees in Sudan. UNHCR estimates that there are currently about 440,300 refugees from Uganda, Ethiopia, Eritrea, DRC, Kenya, the Central African Republic and Chad (USAID 28/09/01). The repatriation of Eritrean refugees is continuing and it is hoped that 61,000 will have returned by the end of 2001.

### **Overall**

The situation in Sudan remains extremely precarious despite a slightly improved food security outlook in many areas. The reason for this is the ongoing insecurity, particularly in the south, which continues to displace populations and constrain both access and availability of food sources and humanitarian relief. The RNIS also notes that alarmingly high levels of acute malnutrition are still observed in some areas and although the overall situation appears to have improved, it remains extremely serious for many displaced populations (category II).

### **Recommendations**

*From the ACF survey in Bentiu and Rub Kona (ACF 23/06/01)*

- Improve the general food ration and ensure regular delivery to beneficiaries
- Continue to treat severe and moderate malnutrition with selective feeding
- Increase measles vaccination coverage

*From the SCF–UK assessment in South Darfur (SCF–UK 10/07/01)*

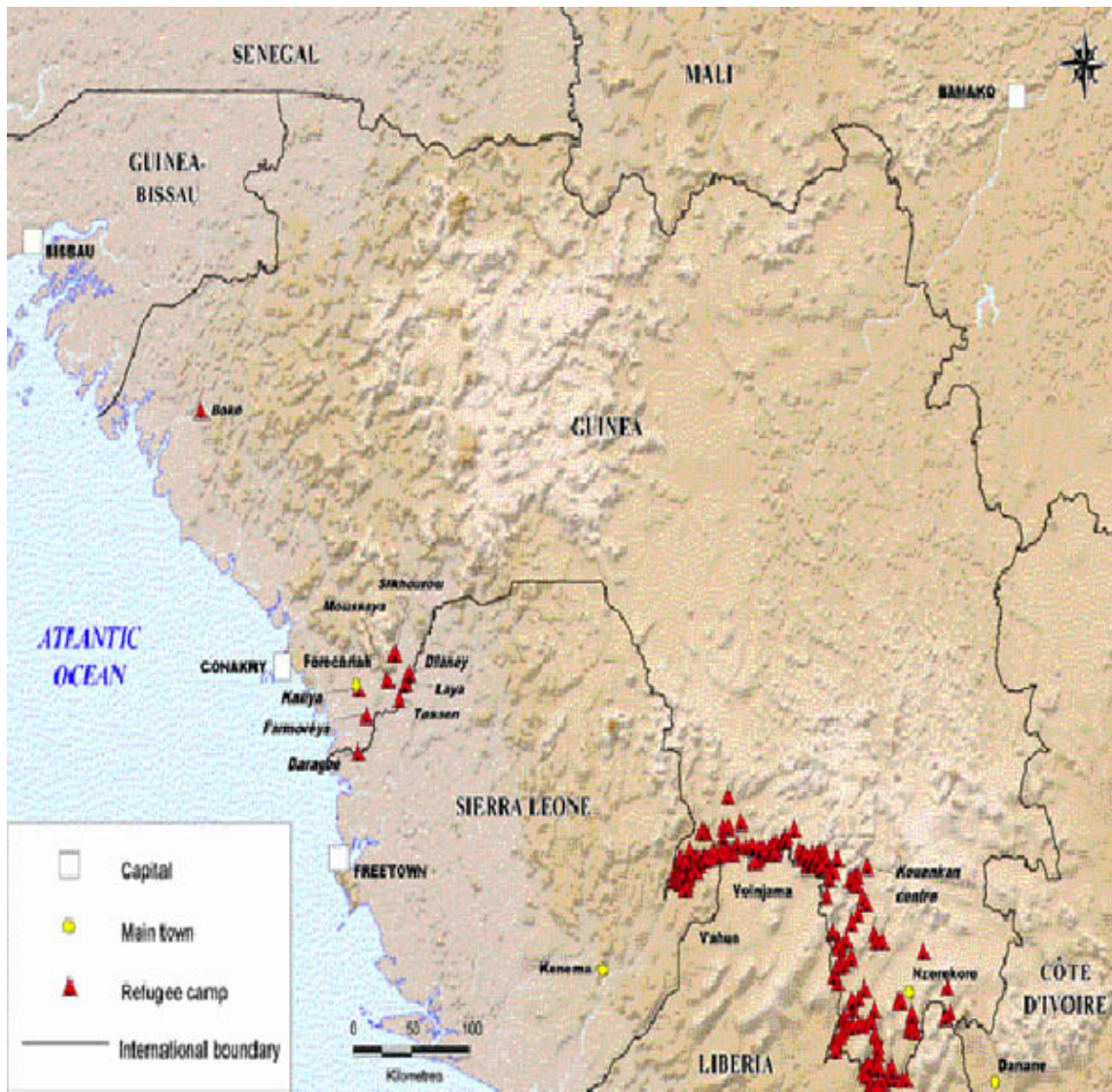
- Ensure the distribution of a full ration on a monthly basis
- Provide adequate supplies of clean water
- Conduct vector control exercises to control malaria

*From the ACF survey in Aweil town and camps (ACF 15/09/01)*

- Improve access to adequate water and sanitation in the camps
- Implement selective feeding to treat both moderate and severe malnutrition
- Improve the access to health facilities

## **WEST AFRICA**





The overall humanitarian situation in West Africa has seen a marked improvement over recent months, primarily as a result of the continued successful implementation of the Abuja peace accord. However, the level of funding for humanitarian activities is considered to be very low and WFP have announced that as of October 24<sup>th</sup> the current PRRO that ends at the end of 2001 faces an immediate shortfall of 4,200 MT (2,805 MT of cereals, 985 MT of pulses, 306 tons of oil and 165 MT of sugar). There is also considerable concern over the new PRRO for 2002, which requires 104,943 MT of food. In light of the lengthy process for procurement and shipping leading to delays, there is an urgent need for donors to pledge funds immediately (WFP 02/11/01).

**Guinea**

The Mano River Union area has been the scene of repeated violence over the years, however the relative stability within Guinea has meant that it has received a great number of refugees from the neighbouring countries of Liberia and Sierra Leone. Many of these refugees were traditionally located in the south eastern Forest region of the country. The traditional stability of the area was broken at the end of 2000 by armed incursions into Guinea that resulted in the displacement of tens of thousands of both the local population and refugees. This resulted in a crisis at the beginning of 2001 with many people being cut off from humanitarian relief by ongoing insecurity. However, over the course of the summer the security situation has greatly improved in all regions of the country, mostly as a result of greatly increased stability and the continued disarmament of rebel groups in neighbouring Sierra Leone. Crucially, the areas along the border with Sierra Leone, notably the Parrot's Beak and Gueckedou, remain secure. The return of stable security has greatly improved the humanitarian access to affected populations and allowed for a considerable improvement in the humanitarian situation within Guinea.



Recent months have seen a considerable worsening of relations between the government of Guinea, led by president Lansana Conte, and opposition groups within the country. The reason lies in a proposed referendum designed to seek approval for changes to the constitution. These changes include controversial plans to change the length of the presidential term from five to seven years and to allow the president to run for a third term of office. The proposals have not been well received by the opposition and there is a planned boycott of the referendum (IRIN 26/10/01).

### ***Internally displaced***

Fighting on the borders of Guinea, particularly in the south east Forest Area, resulted in the displacement of around 190,000 people to areas further into the country (OFDA 03/10/01). The displaced were extremely vulnerable but the stability of the current situation has allowed many to return to their homes and begin to reconstruct their lives. The increased security in the south east has led to the partial reestablishment of the major market town of Gueckedou, increasing the demand for crops and encouraging many farmers to return to their land with the hope of selling their crops. However, the conflict has severely disrupted the agricultural cycle in the affected areas and large amounts of crops were destroyed in the fighting. As a result, the 2001 harvest is expected to be poor. This follows on from good harvest years in 1999 and 2000. The harvest nationally has also been affected by flooding in the north, which is estimated to have destroyed 2,000 hectares of farmland and affected 220,000 people (IRIN 22/10/01). The reduced harvest is likely to increase demand for humanitarian food assistance. In response to the reduced harvest prospects in the south east, agencies have been implementing agricultural recovery and seed distribution programs. However, it is widely considered that their introduction was only possible too late in the season and that their affect will not be felt until next year (OFDA 03/10/01). The RNIS does not have any recent survey information on the IDP population but the situation is not considered to be critical.

### ***Refugees***

Fighting in the south eastern Forest area of Guinea has seriously affected the resident refugee communities. For some time, there was considerable concern for refugees trapped in the Parrot's Beak area. The lack of humanitarian access to the population was of great concern and, when security permitted, 57,000 were relocated to new camps further within Guinea during May 2001. The main areas of new settlement are in the Albadaria and Dabola Prefectures in Upper Guinea, where the majority of the refugees are of Sierra Leonean origin. The Albadaria area has three camps; Boreah with 13,000 refugees, Kountaya with 26,000 and Telikoro with 11,500 (OFDA 03/10/01). The Dabola area has Sembakounya camp with a total of 7,500 refugees. There is also a group of predominantly Liberian refugees in the Macenta and N'Zerekore areas of the Forest area. The two active camps are Kouankan with 13,500 refugees and Kola with 4,100 (WFP 12/10/01). Some refugees are currently being moved from Kouankan to Kola to relieve over crowding. There are also a substantial number of refugees who have not registered with UNHCR and who have moved into host families or established their own settlements, however there is very little information concerning their condition.

The security situation for the refugees has remained good allowing for continued humanitarian access. The only area reported to be suffering from some insecurity is the town of Kissidougou, with access to the area remains difficult. Reports indicate that the refugees are still heavily reliant on humanitarian assistance and improved security has allowed regular food distributions and health activities to take place. UNICEF reports that the under-five mortality rates have remained at non-alert levels in the camps and that rates of infectious diseases are low. The RNIS has not received any new nutritional information on refugees but WFP report that the nutrition situation in camps has remained stable, hovering around the 5% level, for this year. This is probably due to the greatly improved security situation, which has increased both the availability and accessibility of food. The only point of concern lies with the poor situation in neighbouring Liberia, which is still forcing Liberians over the border into Guinea.

### ***Repatriations***

Repatriation of Sierra Leonean refugees continues to take place with an estimated 50,000 having been repatriated by sea to Freetown and a further 20,000 having crossed the border, making their own way back to their area of origin, or the various returnee camps within Sierra Leone. It is likely that the number of returnees will increase if the situation in Sierra Leone continues to improve and new areas open up.

### ***Overall***

The stabilisation of the humanitarian situation is largely a result of the improved security within the country and, to some degree, in neighbouring Sierra Leone. The continuation of fighting in Liberia, close to the

Guinean border, is concerning and is likely to result in an increase in the number of Liberian refugees. The refugees currently in established camps are not considered to be in a critical condition (category III). The condition of IDPs is also thought to have improved (category III).

### **Recommendations**

- Continue nutritional surveillance activities within the camps
- Continue food and health assistance to refugees in camps
- Provide agricultural support to populations moving back to areas destroyed by the fighting earlier in the year

### **Liberia**

The humanitarian situation in Liberia continues to deteriorate as a result of fighting between government troops and dissident groups in the north of the country, particularly Lofa County. The country was crippled during the civil war between 1989 and 1996, which destroyed the economy, infrastructure and social fabric of the country. Today, Liberia is classified as one of the least developed countries in the world and its Human Development Index (HDI) places it 174<sup>th</sup> out of 175 countries (UNSC 05/10/01). Mortality rates and life expectancy are believed to have remained little changed in the last twenty years, largely as a result of the collapsed economy and lack of even basic medical care. It is estimated that 80% of the population live in poverty, on less than one US dollar a day, and half of these live in absolute poverty, classified as those surviving on less than half a US dollar a day (UNSC 05/10/01).

The governments of Sierra Leone and Guinea have been accusing the Liberian authorities of supporting anti government forces within their countries, particularly the RUF forces in Sierra Leone. This has led to very tense relations between the Mano River Union (MRU) countries and also led to the imposition of sanctions on the Liberian regime by the UN in May 2001. The sanctions were targeted at the Liberian authorities and particularly at the sale and supply of arms to the regime and the trade in diamonds. A recent report by the Secretary-General of the UN highlighted the fact that the continuation of sanctions was likely to have adverse and unintended affects on the general population and the report suggested the establishment of a committee to monitor these affects (UNSC 05/10/01). These potential affects are particularly concerning because they are likely to further reduce people's ability to cope with the already poor humanitarian situation.

Despite traditionally poor relations between Liberia and the neighbouring MRU countries of Guinea and Sierra Leone, the past few months appear to have seen a thawing in diplomatic relations with meetings between security ministers from the three countries. The meetings are an important step towards a regional security process and will hopefully lead to a full MRU summit at the beginning of 2002 (IRIN 28/09/01). In a further show of improved relations with the other MRU countries, Liberia also announced the dropping of restrictions on diplomats within Liberia and the future opening of the border with Sierra Leone and Guinea, which were shut in March (AFP 01/10/01).

The past few months have seen the continuation of fighting in Lofa County and more recently in Gbarpalu, closer to the capital Monrovia. There are estimated to have been 40,000 people displaced, mostly from Lofa County in the north of the country. The majority of the displaced have fled southwards to Bong, Cape Mount and Gbarpolu counties where they are in a variety of different camps. MSF reports that the displaced are arriving in the camps in an extremely weak condition because they have been forced to walk extremely long distances without access to food and through extremely insecure zones. Indeed, it appears that families have been forcibly separated, with men forced to remain behind in Lofa, presumably as a way of preventing opposition groups from moving into other areas. There is also a great problem of access to the areas most severely affected. MSF also report that they have been able to make very few assessments in Lofa but those that have been made have shown wide scale destruction of property and crops. MSF have also been forced to evacuate their expatriate staff from Jenna Mana camp in Cape Mount County (MSF 17/10/01). The lack of access and the high dependence of IDPs on food aid is particularly concerning. It is important to note that there has been a lack of donor interest in the country and the programs remain under funded, resulting in concerns that there could be possible pipeline breaks. The RNIS has not received any new nutrition information from Liberia but the situation is assumed to be extremely poor.

### **Overall**

The situation for both displaced and nondisplaced populations continues to deteriorate in Liberia. The displaced remain particularly vulnerable and their dependence on humanitarian relief is extremely high (category II).

### **Recommendations**

- Support the Inter–Agency appeal for Liberia
- Improve access to displaced populations in order to ensure that relief reaches those in need of assistance
- Conduct nutrition and food security assessments of the displaced to determine and prioritise needs

### **Sierra Leone**

The reporting period has seen the continued improvement of the situation in Sierra Leone. Regionally there have been encouraging signs of a thawing of relations between the Mano River Union countries and closer cooperation. An indication of the greater cooperation between the countries is the announcement that Guinea, Liberia and Sierra Leone would deploy joint patrols along the border areas in an attempt to stop the proliferation of small arms (WFP 12/10/01). There has been no cross border fighting reported between the Revolutionary United Front (RUF) and Guinean forces since fighting earlier in the year. This is largely a result of the ongoing disarmament of the RUF within Sierra Leone. The Abuja peace agreement of November 2000 has continued to be implemented and the ceasefire has held.

The peace process has not been without its problems and on October 4<sup>th</sup> the UN Security Council expressed concern over the slow pace of disarmament by the RUF in the Bombali zone of northern Sierra Leone (IRIN 04/10/01). The Process has also been strained by an announcement by the Sierra Leonean government that elections would be delayed until May 14<sup>th</sup> 2002 and that the government would extend its current state of emergency, for the second time, by a further six months (OCHA 30/09/01). The announcement prompted the RUF to boycott tripartite peace talks in protest, however the talks have since been rejoined. Despite some tensions, the programme of disarmament has continued all across the country with OCHA reporting on October 15<sup>th</sup> that 20,284 combatants from various fighting factions had disarmed since May 18<sup>th</sup> 2001 (OCHA 15/10/01). This has been greatly facilitated by the presence of UN peacekeepers in the form of UNMASIL. As new areas have opened up, UNMASIL have deployed across the country and, in recognition of their roles in the disarmament process and in the facilitation of the delivery of humanitarian assistance, the UN Security Council has extended their mandate for a further six months from the end of September 2001 until March 31<sup>st</sup> 2002 (OCHA 30/09/01).

The most important affect of the disarmament has been the opening up of areas of the country, which have been largely inaccessible to humanitarian actors, some for a number of years. For example, in August UNMASIL deployed peacekeeping troops to the northern district of Koinadugu, which had been occupied by the RUF since 1996 (IRIN 09/08/01). This has enormous implications for the development of the humanitarian situation within Sierra Leone because it allows access to vulnerable populations and is promoting the increasing return of displaced to their places of origin. The current security within the country is also allowing people to access their land and conduct farming activities and this combined with improved economic opportunities is likely to have a positive affect on the food security of the population in general and the IDPs and newly returned in particular. It is also important to note that the opening up of new areas is also revealing areas of acute need where infrastructure, particularly the health system, has been destroyed for some years as a result of fighting. Despite the increased access and higher demands for assistance, the consolidated appeal for Sierra Leone remains badly under funded at just over 40% by midyear. WFP have announced that they are expecting food pipeline breaks in December, with an expected shortfall in cereal of 3427 MT (WFP 12/10/01). This has created concern because it will constrain the ability of humanitarian agencies to respond to both the short and long term needs of the population (UNSC 07/09/01).

### **Displaced Populations and Returnees**

The displaced population remains hard to estimated but OCHA reported at the beginning of August that 127,000 IDPs remained in camps, with a further 120,000 living with host communities (OFDA 03/10/01). The majority of the registered IDPs are in or near urban areas such as Freetown, Kenema, Bo and Daru and also

in the Tonkili and Port Loko districts. The number of people returning from Guinea has also increased and it is currently thought that an estimated 75,000 returnees have arrived back in Sierra Leone since the beginning of 2001. The majority of those officially repatriated by UNHCR and IOM have arrived in transit camps around Freetown. Concern has been expressed over overcrowding in the camps as a result of the numbers of returnees. UNHCR and the Sierra Leonean government have taken the step of asking 8,000 returnees in Jui, Waterloo and Lumpa camps in the Freetown area to relocate to resettlement sites in eastern and southern Sierra Leone. The move is an attempt to alleviate the overcrowding in the transit camps (IRIN 13/08/01). However, MSF have warned that the influx of returnees could potentially trigger a new emergency in the country as many return to areas of the country which are deemed secure. They point out that nine years of civil war has almost totally destroyed the health facilities in many areas, leaving low rates of vaccination and regular outbreaks of infectious diseases such as malaria, yellow fever, lassa fever, cholera and measles (IRIN 28/09/01). The fear is that the lack of infrastructure in many areas will contribute to high morbidity and mortality rates and ongoing food insecurity. This will slow down the rates of return and serve to maintain a high dependency on external humanitarian assistance.

### **Northern Province**

The RNIS does not have any new nutritional information from the northern province but the situation is assumed to be stable as a result of the greatly improved security and access to the area by humanitarian agencies. The districts of Kambia, Bombali and Koinadugu have all seen disarmament take place and as a result IDPs have continued to return to their areas of origin. A local NGO Community Action Project have registered 15,000 IDPs moving from Port Loko to their home towns in Samu and Magbema chiefdoms in Kambia district. In some cases the areas of return have been inaccessible for a number of years and concern does exist that little infrastructure remains to support the increasing numbers of returning people. A recent UNICEF assessment in the Tonkili district, on the existing water and sanitation facilities available to the population, indicated a very high incidence of diarrhoea. Many of the communities lack protected water sources and as a result many existing sources are supposed to be suffering from contamination (OCHA 30/09/01). These findings are concerning because of the need for good and adequate sources of clean water to support the increasing numbers of returnees to newly opened areas.

In an effort to start the reconstruction of essential infrastructure UNDP has started the construction of 400 houses and various public facilities in the Kambia district. There is also considerable work going into the rebuilding of medical facilities, including the re training of medical staff. WFP and its partners are also supporting returnees to resume farming activities with the distribution of seeds and tools and the implementation of a program called Food for Agriculture. It is hoped that the improved access to land will positively affect the food security prospects for the area.

### **Western Province**

The RNIS has not received any new nutrition surveys on displaced populations in the western province. The large number of IDPs still remaining in camps in and around the capital Freetown remain dependent on food assistance and the over crowding in some of the camps has caused concern that the public health of the displaced could suffer. However, the overall security in the country will hopefully allow many of the displaced in the west to return to their areas of origin and become less dependent on humanitarian assistance.

### **Southern and Eastern Provinces**

The security situation in the south and east has remained good despite some delays in the disarmament process. Notably the diamond mining zone of Kono is no longer under rebel control and it is hoped that this will go some way towards diffusing one of the chief sources of conflict in recent years.

### **Kenema district**

Goal conducted a survey in Kenema district in August 2001. The target group of the survey was not specifically IDPs but the results give an important indication of conditions in an area that is likely to receive continued influxes of returnees seeking to re-establish themselves. Some areas of the district were not accessible to the survey teams as a result of insecurity or of rain blocking road access. The survey was conducted on children under the age of five and estimated a prevalence of acute malnutrition of 6.2% (W/Ht <-2 Z scores and/or oedema) including 1.6% severe malnutrition (W/Ht <-2 Z scores and/or oedema). The survey also measured mortality and estimated an under-five mortality rate of 1.8/10,000/day. Both the acute malnutrition and mortality rates are below alert thresholds and the situation is not deemed to be critical (Goal 08/01). WFP report that both Merlin and Goal have seen a drastic drop in the number of admissions to their

selective feeding programs and it is thought that this indicates an improvement in the overall situation in Kenema (WFP 02/11/01).

### **Kailahun**

The situation in Kailahun is considered to be precarious as a result of its proximity to the conflict-ridden Lofa County in neighbouring Liberia. This has resulted in a stream of Liberian refugees entering the country, often in extremely poor condition. It is currently unclear how many have crossed into the country but the number is believed to be in the thousands with UNHCR reporting that over 2,500 are being temporarily accommodated in the township of Bandajuma before being moved to a new camp in Pujehun district. WFP have expressed concern over the fragility of the food security situation in the Kailahun district and in August reported that there was little or no rice in the major trading centres of Kailahun and Pendembu (IRIN 22/08/01). In a recent move, UNAMSIL have deployed in the district and it is hoped that this will enhance the security in the area and allow greater access by humanitarian agencies (IRIN 26/10/01). The RNIS has not received nutrition reports from the area but the nutrition situation is understood to be extremely poor.

### **Overall**

The reporting period has seen an improvement in the humanitarian situation in Sierra Leone with the continued implementation of the Abuja peace accords and the disarmament of various rebel groups. This has led to the crucial opening up of many areas of the country to both returnees and to humanitarian agencies. As a result of the improved security and access, the food security outlook in the country is good although many still rely on humanitarian assistance. In general the situation of IDPs remains fair (category III) and if the security situation permits continued returns, the situation is likely to improve further. However, concerns about the poor infrastructure within the country and the affect this may have on returning populations still exist. Fighting in Liberia and the resultant flow of refugees into the east of the country has left some areas of acute vulnerability (category II).

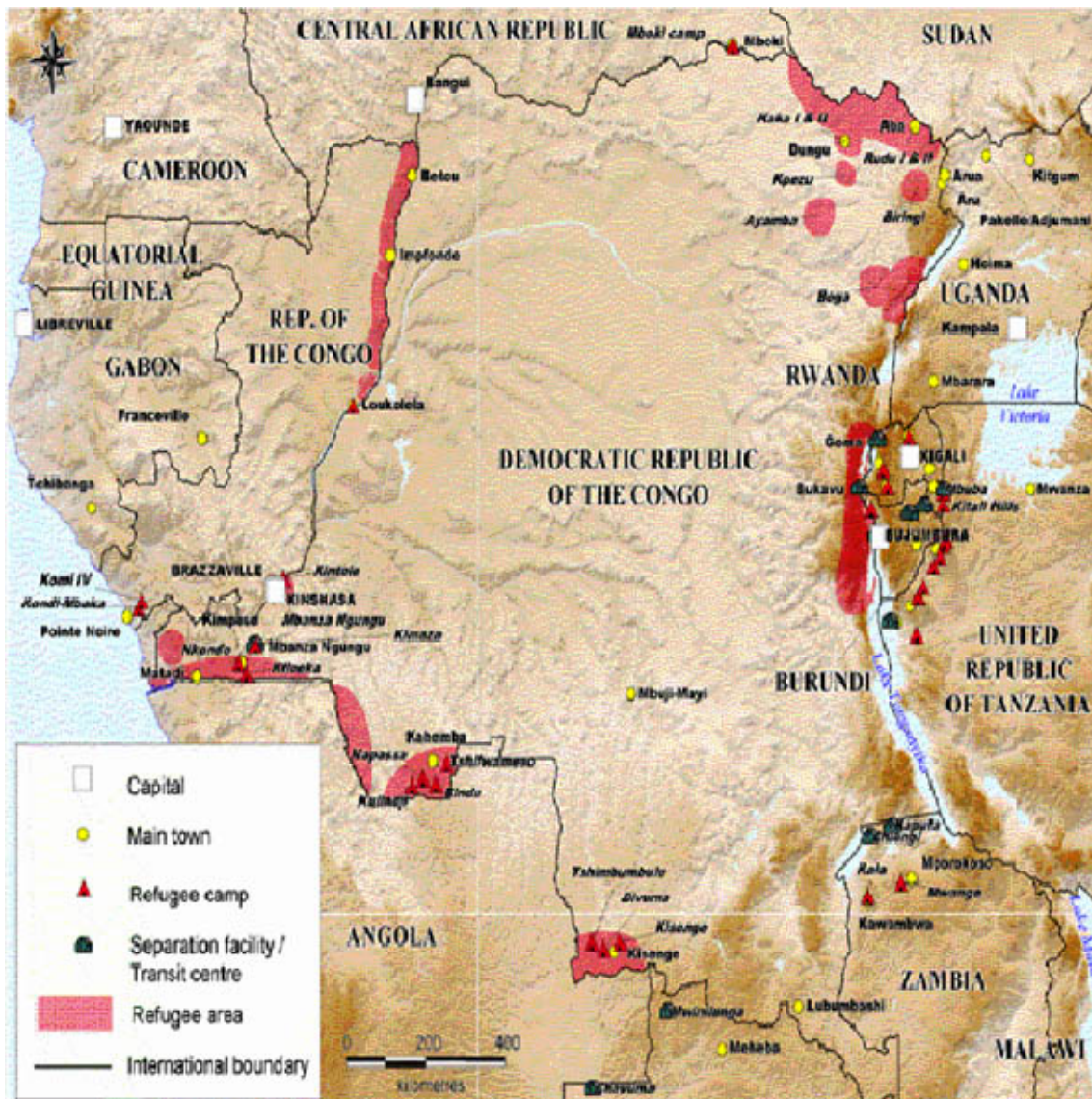
### **Recommendations**

- Increase support of the inter agency appeal
- Support efforts to rebuild the infrastructure of newly secured areas

*From the Goal nutrition survey (Goal 08/01)*

- Phase out existing feeding centres when the number of beneficiaries drops sufficiently
- Conduct a program of health promotion and in particular on malarial prevention
- Implement water and sanitation activities.

## **GREAT LAKES REGION**



## Burundi

Burundi has been suffering the affects of a crippling internal conflict since 1993, resulting in massive displacement of population and erosion of basic essential infrastructure. The result has been wide scale acute food insecurity and a rise in levels of acute malnutrition, exacerbated in recent years by severe drought conditions and high levels of infectious diseases such as malaria. Latest OCHA figures indicate that out of a population of 6.65 million people, 432,818 are registered as internally displaced. This is an increase of over 50,000 people since May and, with insecurity continuing in western provinces, the numbers of displaced can be expected to increase. The majority of IDPs are resident in the south of the country with an estimated 106,540 in Makamba, 104,986 in Bururi and 78,840 in Rutana province. Burundi also has a refugee population estimated to be 28,800, mostly from the DRC (OCHA 12/10/01).

The reporting period has seen significant developments in the ongoing Arusha peace process started in August 2000. On 23 July 2001, a deadlock in negotiations was broken as Nelson Mandela, chosen to mediate the discussions, managed to garner agreement on a decision that Pierre Buyoya and Domitien Ndayizeye should be president and vice president of Burundi for the first phase of a transition government (ICG 14/08/01). The creation of the transition government is an opportunity to bring together opposing groups and establish a government that can bring peace to the war torn country. The biggest stumbling block to this remains the failure of the negotiators to bring two rebel factions, the Force de Defence de la Democratie (FDD) and the Force Nationales de Liberations (FNL) to the negotiating table. Within the transition government itself there was disagreement over the creation of an interim protection force for the institutions of the transitional government and for the protection of returning political exiles. The transition government was installed, as planned, on November 1<sup>st</sup> and its significance lies in its potential to see a lasting peace develop



within the country. A successful peace process could lay the way for the repatriation of over 400,000 Burundian refugees in Tanzania and open up many areas of the country to humanitarian assistance. However, concern remains that there is potential for the continuation of violence. It is noted with concern that there have been two attempted coups in April and July 2001, clearly indicating dissatisfaction with the current political discussions. Further attempts could further undermine the ongoing peace process (ICG 14/08/01).

### ***Humanitarian outlook***

In general the humanitarian outlook in Burundi is still very precarious. Despite indications that the 2001A harvest had been reasonable and that prospects for the B harvest were also good, the food security situation in many areas remains poor. Particularly affected areas are Bujumbura Rural, Gitaga, Karuzi, Kayanza, Kirundo, Muramvya, Muyinga, Ngozi and Rutana (OCHA 17/09/01). One of the major reasons for the food insecurity is the continued conflict between government forces and rebel groups. It is currently estimated that seven out of a total of seventeen provinces are currently on UN security phase IV (I is the most secure and V the least). Fighting is regularly reported in Bujumbura Rural province as well in Cibitoke and Bubanza. The fighting at best limits access to farms and at worst forces displacement away from land and property. It is also widely recognised that armed groups freely loot food crops. This serves to constrain both the access and availability of food sources (WFP 27/07/01). Looting may be one of the reasons for large numbers of people tending to sell their produce rather than storing them. The sale of food produce is also used to generate much needed cash and is an indication of a possibly unsustainable coping mechanism (WFP12/07/01). In response to food insecurity the FAO has maintained its seeds and tools distribution program and aims to distribute to 207,900 families (1,039,500 individuals) in preparation for the 2002 A harvest. WFP will also conduct Seed Protection Rations (SPR) to ensure that the distributed seeds are not eaten.(WFP 12/07/01)

The presence of high rates of infectious disease has also had an adverse affect on the humanitarian situation. The year 2000 saw very high rates of malaria infection, which resulted in high mortality rates and contributed to a declining nutritional status observed in affected populations. 2001 has not seen the crisis levels of malaria or malnutrition seen in 2000 but UNICEF warn that the number of malaria cases could climb as a result of the development of similar environmental conditions as those seen during the outbreak in 2000 (UNICEF 22/10/01). Official statistics place HIV/AIDS as the first cause of adult mortality in Burundi with 40,000 HIV/AIDS related deaths in 2000 alone. UNAIDS estimates that there are over 230,000 HIV/AIDS orphans in the country (OCHA 17/09/01). Agencies also point to the lack of access to appropriate medical facilities by much of the population as being of particular concern. It is also worrying to note that many communities have very little access to sources of potable water and adequate sanitation facilities. This is very likely to be linked to the high rates of diarrhoeal morbidity seen in many areas.

Very high rates of acute malnutrition have been seen over the past year but recent reports indicate that rates appear to be declining. The RNIS has not received any new nutritional surveys from Burundi but in August IRIN reported that a survey in seven provinces had indicated 10% of acute malnutrition (IRIN-CEA 02/08/01). The RNIS has not seen the survey report but 10% of acute malnutrition, whilst not suggesting a critical situation, is still suggestive of a precarious situation particularly given the ongoing insecurity and the affects of the drought. The improvement in the general nutritional situation is also suggested by figures for the number of beneficiaries in Supplementary Feeding Centres (SFC), which appear to have fallen significantly from 94,554 in April 2001 to 42,227 in August. The decrease is being attributed to the humanitarian response by the UN and NGOs, including the timely general food distributions to affected populations, the implementation of selective feeding programs, increased access to medical care and the distribution of seeds, tools and protection rations (UNICEF 22/10/01).

### ***Bujumbura Rural***

The situation in the province continues to be very poor with continued clashes between the FNL and government forces. There are also reports that crime is rising in the capital, particularly robberies of NGO offices. This is largely fuelled by the poor economy. WFP report that the food insecurity of the rural areas continues to be affected by the looting of crops by armed groups (WFP 27/07/01). At the beginning of October the Burundian Government requested assistance for an estimated 18,762 households comprised of both new and old IDPs (UNICEF 22/10/01). Whilst much of the rural population remains vulnerable a recent assessment in the Buterere Zone of Bujumbura Mairie indicated that the Batwa community, displaced from Bujumbura Rural, were facing a precarious food security situation as a result of a lack of access to farming land, water, sanitation and shelter (OCHA 17/09/01). The RNIS has not received any recent nutrition reports from the province but the situation is assumed to be precarious despite ongoing food distributions to the affected populations.

## ***Karusi and Ngozi***

Both provinces have suffered from the affects of drought, insecurity and infectious disease epidemics and as a result they both saw high rates of acute malnutrition in 2000 and the beginning of 2001. The food insecurity continues to be a problem as a result of insecurity but the drought and infectious disease episodes have largely improved. Food distributions to affected populations are continuing but access due to the insecurity is often a problem. The RNIS has not received any new nutritional information from affected populations but it is assumed that high levels of food insecurity remain, leaving the populations extremely vulnerable to nutritional decline.

## ***Bubanza***

The province continues to suffer acute insecurity as a result of its proximity to the border and incursions by Interehamwe and ex-FAR forces from DRC. The RNIS has not received any new nutritional surveys but the last survey in March (see RNIS # 34) indicated a possibly deteriorating situation, although levels of acute malnutrition fell below emergency thresholds. The observed rates of under-five mortality were, however, raised and gave cause for alarm. It is assumed that the reasonable crop prospects for the country will benefit the province but the food security of the population will be constrained by insecurity.

## ***Refugees and returnees***

Burundi is currently estimated to host 28,800 refugees, from various east and central African countries. The long history of conflict in Burundi has also driven up to 500,000 people across borders to become refugees, mostly in Tanzania. The sheer number of refugees in Tanzania has created a considerable burden on the country and has resulted in cooling in diplomatic relations between the two countries. There is little chance of an organised return of Burundian refugees until a ceasefire and lasting peace settlement have been reached. However, in the first eight months of 2001 it is estimated that almost 20,000 spontaneous repatriations took place with the majority settling in the eastern provinces of Ruyigi and Rutana. The RNIS has no nutritional information on either the refugee population in Burundi or returnee Burundian refugees from Tanzania.

## ***Overall***

The situation in Burundi remains extremely precarious for displaced and non-displaced alike. There are signs that the food security situation of some areas is improving and agencies are not recording the extremely high rates of acute malnutrition or malaria that were seen last year. However, the continuation of insecurity, despite ongoing peace efforts, means that populations remain extremely vulnerable (category III). It is hoped that the current peace efforts, seen in the installation of the transition government, will help to reduce the conflict related insecurity in the country and allow the process of rebuilding to begin.

## ***Recommendations***

- Support the UN Interagency Appeal
- Implement food security analysis to understand how IDPs are coping with the current situation
- Support agricultural activities with the continued distribution of seeds and tools and seed protection rations

## ***Democratic Republic of Congo (DRC)***

In 2001 there have been significant strides forward in the peace process with increasing attempts to involve some of the key rebel groups whose absence from the talks has proved to be one of the key obstacles to their progression. To this end, talks were scheduled for October 15<sup>th</sup> in Addis Ababa, to include delegations from government, rebels, opposition parties and civil society to start a national reconciliation dialogue (UNICEF 23/10/01). The talks represent a potentially ground breaking commitment to move forward in the peace process; however, they broke down after a week, with the walk out of the DRC government delegates. Whilst the initial failure of the talks is indicative of the many obstacles to peace in DRC, all parties have indicated their commitment to join further talks, probably at the beginning of 2002.



In general, the cease–fire along the front line is still largely respected and forces have continued to disengage. In particular, Ugandan forces have largely withdrawn from Equateur province but will maintain a battalion in the East and Namibia has withdrawn its troops (UNSC 16/10/01). However, warring factions, ethnic groups, and increasingly isolated non–state actors continue to clash in the east of the country and the general security situation is very poor. MONUC recently reported that armed groups and soldiers from Rwanda, Burundi and the Congolese Rally for Democracy (RCD) are taking part in intensified clashes around Fizi in south Kivu (UNDPI 27/09/01). There are also indications that remaining Ugandan and Rwandan troops are likely to clash over disputing front line positions in Kanyaboyanga in North Kivu province (PANA 26/10/01). These and other smaller clashes continue to have a very profound affect on the ability of humanitarian agencies to access many areas containing populations with acute needs.

The reporting period has seen the continued deployment of MONUC troops and observers in numerous areas of the country and as of October 15<sup>th</sup>, 2001, there were a total of 2,408 military personnel in the country. To date, MONUC has deployed in many critical areas within the country, particularly to cities such as Kisangani, Mbandaka, Kalemie and Kananga. From the areas of deployment they have been able to oversee the disengagement of troops and monitor the cease–fire, however there are still many areas where they have no access. MONUC deployment has three phases, the first two being the disengagement of troops from the front line and the preparation of plans for the withdrawal of foreign troops. In a recent report, the Secretary–General of the UN has indicated that it is time to move to phase III which is the organisation of the disarmament, demobilisation, repatriation, resettlement and reintegration (DDRRR) of warring parties (UNDPI 27/09/01). The Secretary–General stressed that MONUC has neither the means nor mandate to carry out many of the practical tasks of the DDRRR but the intention to move to phase III is an indication of how far the peace process has come. It is important to note that should fighting continue the future of phase III is likely to be jeopardised.

### **Numbers and distributions of IDPs**

The current caseload of IDPs is estimated to be 2,045,000 IDPs. This represents an increase of 35,881 since April 2001 (OCHA 12/10/01). However, much of this increase is likely to be a result of IDPs from newly accessible areas and not as a result of new displacement. Many of the displaced remain in the eastern areas of the country where fighting is still ongoing and where access is still often extremely difficult. There are also currently an estimated 361,720 refugees (OCHA 12/10/01).

**Table showing distribution of IDPs by province**

<b>Area</b>	<b>Dec 2000</b>	<b>Apr 2001</b>	<b>Sept 2001</b>
<b>Equateur</b>	300,000	170,524	85,000
<b>Orientale</b>	160,000	220,000	230,000
<b>North Kivu</b>	640,000	620,000	760,000
<b>South Kivu</b>	350,000	373,158	225,000
<b>Katanga</b>	305,000	354,000	415,000
<b>Maniema</b>	137,000	132,000	160,000
<b>E. Kasai</b>	30,000	114,000	130,000
<b>W. Kasai</b>	80,000	29,000	
<b>Kinshasa</b>	N/a	N/a	40,000
<b>TOTAL</b>	2,002,500	2,012,682	2,045,000

### **Humanitarian situation**

Despite the peace process and the resultant cease–fire and disengagement of armed groups, the humanitarian situation remains critical. There has been increased international awareness of the crisis and the overall humanitarian response has been good. However the humanitarian needs are huge. A study by WHO and UNICEF shows that the vast majority of the population can be classified as living in absolute poverty, surviving on the equivalent of 0.20 US dollars a day and consuming less than two thirds of the daily food

energy needed to maintain good health. Approximately 70% of the population have little or no access to health care and up to sixteen million people, or one third of the entire population, have critical food needs as a result of prolonged displacement, isolation, lack of market outlets, severed food supply lines, price increases and declining purchasing power. Within this grim humanitarian context, acute food insecurity and malnutrition are widespread, along with rates of morbidity and mortality that are routinely well above emergency thresholds (UN 2002; UNSC 16/10/01).

Given the scale of the needs within the country it is concerning to note that there is still an enormous problem of access to many areas. Part of the reason for this lies in the physical isolation of many areas, which creates enormous logistical problems to the supply of aid. It is estimated that out of 58,000 Km of road network only 3,000 Km remain in working order and over 80% of the rail network has been destroyed (Moreels 07/01). The other major constraint to access has been the insecurity seen in many areas, which has made it impossible for humanitarian agencies to work in any safety. The scale of the needs makes the inability to access vulnerable populations extremely serious.

### ***Kinshasa***

Kinshasa has not experienced the insecurity seen in the east of the country but has been gravely affected by the collapse in the economy and the break down in the supply of food from the east, which traditionally supplied the markets. As a result, the population remain extremely vulnerable, and WFP announced that it was considering distributing food to 81,000 vulnerable people (WFP 27/07/01) in the province. It is currently estimated that there are 40,000 IDPs in the province (OCHA 12/10/01) with numerous other vulnerable groups including 28,262 malnourished children (WFP 28/09/01). The RNIS has not received any new nutrition survey information from Kinshasa but the situation is understood to be extremely poor.

### **Eastern DRC**

The crisis in DRC is at its most acute in the east. The area is the scene for some of the fiercest fighting and is home to countless armed militias allied to different countries and regimes, but whose allegiances often shift. The fighting has tended to be concentrated around the two Kivus and Maniema province, particularly around the larger towns Uvira, Bukavu, Goma, Kisangani, Kindu, Punida, Kampene, and Kalima. However, the entire area is considered insecure. The fighting has taken an enormous toll on the civilian population and it is most starkly seen in a mortality survey conducted by IRC which calculated that over 2 million people have died as a direct result of the fighting in eastern DRC since the start of the war in 1998 (see RNIS # 32/33). The situation in eastern DRC remains extremely critical.

### **Orientale**

There are currently estimated to be 230,000 IDPs in Orientale, an increase of 10,000 from figures released in April (OCHA 12/10/01). The province is headed by the important city of Kisangani, which has been the focus and source of much fighting. The province is under rebel control and is largely split between factions that are loyal to either Uganda or Rwanda. It has also been the source of bitter ethnic conflict between Lembu and Hema, which has left thousands dead and displaced. The RNIS has no recent nutritional information from the province but the situation is thought to be serious.

### ***Kisangani***

MONUC have continued to be deployed in the town, which remains firmly under the control of the RCD rebel group. The RCD have rejected calls to demilitarise the town and maintains forces there allegedly to counter the threat of attack by the Mai-Mai and Interahamwe. There have been no reports of recent conflict in or around the town, but the RNIS does not have any recent nutritional information on the situation of IDPs in the area.

### **North and South Kivu**

The situation in the Kivus remains extremely precarious. There are currently estimated to be 985,000 thousand displaced in the region, but numbers are hard to verify and are likely to change frequently as a result of continued conflict between the many different rebel groups in the area. The insecurity and lack of infrastructure in the region continues to obstruct humanitarian access and reports indicate that there have been numerous incidents of humanitarian workers being ambushed. On Oct 15<sup>th</sup> a WVI car was ambushed and the occupants robbed on the road from Beni to Bunia in north Kivu (OCHA 22/10/01). WFP operations have also been severely hampered by insecurity in the plains of Ruzizi and Uvira and all field missions have

been suspended. There have also been extensive movements of troops in Bunyakiri, Hombo and Nyabibwe that have resulted in new population displacement towards Walungu, Kabare, Shabunda and Ninja (OCHA 06/11/01). There has also been a considerable escalation of violence around the town of Fizi and reports indicate that up to 6,000 people have fled across lake Tanganyika to Tanzania in order to escape the violence (RI 25/10/01).

The insecurity in the Kivus is extremely unpredictable and changeable. As a result, large sections of the population are displaced and suffer from poor access and availability of food. There is also a considerable problem of lack of access to health facilities, which has led to outbreaks of disease. There is currently a meningitis outbreak in Katana in south Kivu but OCHA estimates that only seven out of fourteen health zones are currently accessible and so vaccination is not possible for much of the population (OCHA 22/10/01). On Oct 16<sup>th</sup> MSF announced that it was launching a healthcare program in Shabunda, which is the first time that international aid has reached the place over the last 18 months (MSF 16/10/01). The RNIS does not have any recent nutritional information from the area but the population is considered to be extremely vulnerable to nutritional decline.

## **Maniema Province**

Maniema province continues to suffer from extreme insecurity. There are currently estimated to be 160,000 IDPs in the area. The last survey from the area of Kalima town indicated that levels of acute malnutrition had improved and this attributed to improvements in the overall security situation of the province. The RNIS has not received any new reports on the nutrition situation but notes that WFP reports that they suspended their activities in the area of Kindu as a result of violent clashes (WFP 05/10/01). This again highlights the unpredictability of security in the area and it is unlikely that any large-scale return of displaced will take place until there are concrete indications of a working cease-fire and demobilisation of armed groups. There are also plans for MONUC to develop an operational and logistics base at Kindu as part of plans for Phase III of the MONUC mandate, which includes the disarmament, demobilisation, repatriation, resettlement and reintegration (DDRRR) of warring parties. This would make Kindu the main hub of activities within the east of the DRC. In order for the plan to go ahead there will have to be considerable improvements in the security situation and it would be necessary to rehabilitate the rail and river link between Kisangani and Kindu. At the moment, all supply is done by air but this will limit the size of any possible operations due to cost (UNSC 16/10/01).

### *Katanga*

The north of Katanga is an extremely fertile area that used to produce a surplus of food and supply other areas. However, the presence of the front line running across the province, has shut down much of the agricultural activities and cut off access to markets for both producers and consumers. There are indications that the security situation is stable in some areas and there are reports that civilians are now travelling across the front line. However, many areas remain cut off from assistance and on Sept 28<sup>th</sup> WFP started an appeal to airlift food to 25,000 people in North Katanga who remain cut off by war (WFP 28/09/01). There is particular concern over the people of Mulongo and Kiambi who have been unreachable by air or road due to the insecurity.

Whilst the situation in north Katanga remains critical, World Vision also highlight desperate needs in south Katanga in the town of Kalomeno, where 3,000 IDPs remain acutely food insecure and in need of food and agricultural inputs. World Vision stress that the population appears to be heavily dependent on food distributions to meet their food needs (WVI 27/09/01). The RNIS also notes with concern that there is currently an outbreak of cholera in Ankoro in north central Katanga and on October 14<sup>th</sup> there were 221 recorded cases. Access to the area is very difficult and is constraining efforts to bring the outbreak under control (OCHA 22/10/01). The RNIS has not received any new nutritional information from the area.

## **Equateur**

It is currently estimated that 85,000 people remain displaced by conflict and the presence of armed militias in the area (OCHA 12/10/01). There have been reports of looting of food crops and the presence of land mines and both have served to drastically reduce both the availability and accessibility of food. There have also been problems of ethnic violence particularly between the Landus and the Hemas, which has lead to a deterioration in the security situation (WFP 12/10/01). WFP have reported that the situation in the Mbandaka area is serious. The RNIS does not have any recent nutritional information for the area.

## **Refugees**

There are currently estimated to be 361,720 refugees from surrounding countries in DRC (OCHA 12/10/01). The largest recent influxes of refugees have come from the Central African Republic (CAR) and from Angola, where recent fighting has continued to send streams of people into the country. The RNIS has not seen any recent survey on the various refugee populations but those in registered camps have access to humanitarian assistance. However, the reliance of refugees on humanitarian assistance is generally high and they remain affected by issues of humanitarian access in the same way as both IDP and nondisplaced populations.

### *Angolan Refugees*

There is a large Angolan refugee population, which has been resident in the country for some years, but recent months have seen increased fighting in the northern Angolan province of Makela D'Nzombo. The fighting has resulted in a rush of new refugees who have crossed the border into Bas Congo province and beyond. It is now estimated that the recent caseload in and around Kimvula is around 20,000 people (WFP 05/10/01). The RNIS does not have any information on the nutritional status of this group but they are assumed to be extremely vulnerable.

### *Central African Republic (CAR) Refugees*

An attempted coup in May 2001 sent thousands of refugees from CAR across the border into Equateur province. The refugees have collected in the town of Zongo where there is currently estimated to be caseload of 25,000 people. In September WFP established a sub-office in Zongo from which it commenced food distributions and is preparing to deliver additional food by barge from Kinshasa (WFP 02/11/01). The RNIS does not have any nutritional information on the refugees.

### **Overall**

The reporting period has seen the continuation of the peace process. This has served to improve the humanitarian situation in some areas. However the situation remains extremely volatile and IDPs, refugees and non-displaced populations remain extremely vulnerable. The situation of war displaced remains both critical and extremely varied (category II and III) and in some areas of the east, the conditions are desperate (category I). The situation for refugees remains precarious as a result of their dependence on assistance. It is helpful to distinguish between some of the long-term refugee caseload (category III) and some of the recent caseload, most notably the Angolan refugees who remain extremely vulnerable (category II). The current peace process has yet to bring significant improvements but it does offer the opportunity for a vast improvement in the overall humanitarian situation within the country.

### **Recommendations**

- Support the Inter-Agency Appeal
- Support the continued deployment of MONUC
- Support self reliance activities in areas where security permits

### **Tanzania**

Tanzania has not been actively involved in the conflict in the DRC but has been heavily affected by it. The reporting period has seen a steady stream of new refugees crossing the borders from both Burundi and the DRC as a result of the continued conflict in the countries. There has been a recent escalation of fighting in South Kivu in DRC in and around the town of Fizi, which has resulted in the displacement of around 6,000 people across lake Tanganyika, where they have entered various refugee camps (RI 25/10/01). The latest statistics for the refugee caseload are from September 2001 and indicate that there are an estimated 543,145 refugees mainly in the Kigoma and Ngara regions in the north west of the country (OCHA 12/10/01).

The steady increase in the number of refugees in Tanzania has been a point of concern for the Tanzanian government, who claim that the refugees are an increasing burden on the country and are threatening to destabilise the areas where they reside. In particular there is concern that the camps are used to some degree by Burundian rebels, and this has resulted in poor diplomatic relations with the Burundian government over the last few months. Ideally the Tanzanian government would like to see the repatriation of refugees to their country of origin, however the peace processes in both Burundi and DRC have yet to bare fruit. As a result, mass voluntary repatriation is unlikely and refugee numbers are actually likely to increase. There have been some reported assisted repatriation of Rwandan refugees and in August WFP indicated that 3,200

Rwandans had returned home since the beginning of 2001 (WFP 02/11/01).

Food assistance to the refugees has continued after concerns over pipeline breaks, which resulted in the lowering of the general ration. WFP recently announced that they have increased the ration size to 90% of the full ration and distributed to 487,250 people in Kigoma, Kibondo, Kasulu and Ngara districts from the 8<sup>th</sup> to the 21<sup>st</sup> of October. Throughout the ration cuts WFP maintained a full ration to extremely vulnerable individuals (WFP 02/11/01). Despite the ration cuts, the humanitarian situation in the camps is not reported to be serious. WFP conducted a survey in July 2001, with preliminary results indicating that levels of acute malnutrition are well below emergency thresholds. However, it appears that problems with micronutrient deficiency remain an issue, which is highly suggestive of a poor quality diet. Large, long term refugee populations with a high dependence on general food distributions are particularly prone to micronutrient deficiencies and every effort should be taken to increase the quality of the general ration in order to protect against further problems of micronutrient deficiency. Recent reports on the health of the refugee populations have not pointed to an alarming situation (WFP 02/11/01).

### **Overall**

The numbers of refugees continues to increase with the majority still from Burundi. In general the condition of the refugees has remained stable despite forced ration cuts during the earlier part of the year. A better donor response has resulted in an improvement in the overall food pipeline and the current ration sizes are 90% of the full ration. In general, the nutritional situation of the refugees is considered stable (category III).

### **Recommendations**

- Continue support for the Inter–Agency appeal
- Conduct food security assessments in the camps to determine the current use of food ration and define alternative food sources
- Introduce fresh food to the general ration to increase diet quality and help in the prevention of micronutrient deficiencies.

### **Uganda**

The reporting period has seen a general improvement in the humanitarian situation in Uganda. This has been largely a result of a lull in insecurity from rebel activities in both the northern regions of Kitgum and Gulu, and in the south western region around Bundibugyo. This has allowed many IDPs to access land and has contributed to a general improvement in food security. Although people remain optimistic that the lull in insecurity heralds a more permanent end to rebel activity, it is important to note that there was a similar lull in 1999 for nine months which resulted in the pull out of humanitarian agencies. However, further attacks came and thousands more people were displaced (OCHA 10/01).

On a regional level, Uganda has continued to pull out troops from the DRC, however tensions with Rwanda have been heightened as a result of power struggles between opposing rebel groups in DRC, supported by the two governments. This has led to fears of the possibility of armed clashes occurring between the two countries (AFP 29/10/01). This has implications for general security within the country, particularly in the west, and also for a possible influx of refugees. The reporting period has also seen greatly improved relations between Uganda and Sudan. As a result, President Bashir of Sudan has announced that Sudan has stopped supporting the Lord's Resistance Army (LRA) rebels, whose activities have been responsible for the population displacements in the north west of Uganda (IRIN 21/08/01). There is great hope that this will substantially reduce further threats of insecurity in the north.

In general, the reporting period has seen a greatly improved security situation in the country but isolated incidents have continued to occur. On September 1<sup>st</sup> a member of the NGO Catholic Relief Services (CRS) was killed, along with five community members, when their car was ambushed in the north (OCHA 10/01). There have been other reports of ambushes but there have been no rebel attacks during the reporting period. This is being attributed to the greater presence of Ugandan troops in the north and the cessation of support for the LRA from Sudan. The effect on the humanitarian community has been an increase in access to vulnerable populations, and for the displaced and refugees the improved security has allowed a return to more normal patterns of livelihood. However, there have been further attacks by the Karamoja in the eastern district

of Katakwi with the latest attack reported on September 13<sup>th</sup>. This has resulted in the continuation of displacement and the inability of the IDPs to return to their homes. Since this attack the security situation has remained relatively calm (OCHA 10/01).

OCHA estimate that in September 2001 there were 743,049 people affected by conflict and insecurity. These included 178,201 refugees from Burundi, DRC, Rwanda and Sudan and 563,738 IDPs situated in the northern province, the eastern province and in the south west. The largest collection of IDPs is found in the northern district of Gulu with 292,160 people (OCHA 10/01). The overall figures for affected people have substantially decreased over the course of 2001. This is thought to be a result of the improved security allowing returns of some IDPs and a considerable decline in the refugee population as a result of a recent re-registration exercise, which saw numbers fall by over 20% (OCHA 08/01).

### **IDPs in Northern Uganda**

The situation for IDPs in northern Uganda is currently greatly improved over the early part of the year. This is a result of good rains and the absence of rebel attacks since June, which have both impacted very positively on the food security situation of the area and have done much to improve the overall humanitarian situation. It is also important to note that the hunger season is over and the next months traditionally see improved availability of food sources (IRC 07/01)

#### ***Kitgum***

There are currently estimated to be 82,645 IDPs and 22,591 refugees in camps in Kitgum (OCHA 10701). The numbers remain unchanged from the July RNIS, however the reporting period has seen a substantial improvement in the security situation in the district. This is largely a result of ongoing peace negotiations with LRA rebels and the heavy deployment of Ugandan army troops in the area. The improved security has allowed the majority of IDPs to access their land and, helped by normal rainfall, to produce some of their own crops with which to supplement the WFP ration they have been receiving. OCHA reports that 60% of IDPs are able to spend time in their gardens, away from the camps (OCHA 10/01), however it is not known how much of this produce is eaten and how much is sold. OCHA also reports that casual labour is an important source of income for IDPs, with the money being spent on food and medical care. In general, the price of food in Kitgum and Pader has declined, making it more available to IDP families. The RNIS does not have any recent nutritional information from Kitgum but the improved food security and humanitarian situation in the district is expected to have stabilised and improved the situation.

#### ***Gulu***

The current estimates for the number of IDPs in Gulu are 292,160 people, the largest collection of IDPs in Uganda. However, the July/August OCHA report records a reduction in numbers as a result of a re-registration in the twenty IDP camps. The original figure was for 340,420 people. The reasons for the drop in numbers are the return of some IDPs to their homes, largely as a result of the poor living conditions experienced in many camps, and the removal of ghost IDPs from the register (OCHA 08/01). The new figures were presented and accepted by district officials and camp leaders. The majority of the IDPs are from the Acholi people who stayed in the so called "protected" villages guarded by the Ugandan army. However, in August the Acholi Religious Leaders Peace Initiative (ARLPI) produced a report condemning the conditions under which the IDPs were staying (IRIN-CEA 20/08/01).

The reporting period has seen no further LRA activity and WFP recently report that the security situation remains calm but is considered fluid. There is a report of a WFP vehicle being fired upon in Gulu (WFP 26/10/01). FEWS report that the food security outlook is good with the area having received good rainfall. This, coupled with the increased access to land, has ensured increased availability of food sources in addition to those distributed by WFP. The RNIS does not have any new nutritional information but the last nutrition surveys from earlier in the year indicated prevalence of acute malnutrition below alert thresholds and, in the absence of factors liable to adversely affect the nutrition status, it is assumed that the situation remains relatively good.

### **IDPs in Eastern Uganda, Katakwi**

In contrast with the rest of Uganda the reporting period has seen the situation for IDPs in Katakwi continue to deteriorate. The people of Katakwi have suffered from attacks by Karimojong warriors from the northern districts of Kotido and Moroto. The attacks have typically resulted in loss of life and property, particularly livestock. As a result, it is estimated that 8,623 people, or 38% of the district, have been displaced into

forty–six camps (OCHA 01/08/01). The most severely affected areas are the sub counties of Usuk and Kapelebyong (FEWS 15/10/01). Many of the IDPs are too afraid to go to their fields and, as a result, access to food is very poor. It is also reported that the Karimojong deliberately uprooted and slashed crops further exacerbating the food security situation.

The last attack came in early September when a group of Karimojong warriors attacked the IDP settlement of Ngariam camp killing sixteen people and resulting in the looting of numerous cattle (OCHA 10/01). In response to this and other attacks there have been revenge attacks on the Karamoja and there is a fear that the situation could deteriorate into further fighting. However, considerable efforts are being made to create peace between the two areas and the Ugandan president has recently announced that the disarmament of the Karamoja will take place starting on November 30<sup>th</sup> (OCHA 31/10/01). Since mid September the area has not seen any major insecurity but the situation remains tense.

The RNIS does not have any nutritional information on the Katakwi IDPs but their condition is believed to be poor. Reports indicate that the health, water and sanitation facilities in the camps are very poor and that access and availability to food sources is severely constrained by the ongoing insecurity and the destruction of crops.

### **IDPs in Western Uganda**

The reporting period has seen a generally good security situation in the west with the absence of ADF attacks. The only report of a suspected attack was on the 25<sup>th</sup> of August when Kikyo IDP camp in Bundibugyo was attacked. The lack of insecurity has had a very positive effect on the humanitarian situation in the area where IDPs have tended to be restricted to “protected” camps and have been mostly unable to access their land or other income generating activities. This has left many people heavily reliant on humanitarian assistance. Over the past few months, there are reports that more and more people are moving back to their homes to access their gardens and sleeping in the camps at night. There is even a trend amongst some to move away from the camps all together (OCHA 08/01). There is a degree of uncertainty over who will guarantee the safety of the returning IDPs and the authorities have refused to officially offer protection. However, many IDPs are starting to ask for return packages from various NGOs (OCHA 08/01) and this may mark, depending on the security situation, the start of a wider move away from the camps

In general, the food security situation of the area is good as a result of the harvest producing good crops of beans, potatoes and rice. This has significantly added to the availability of food in markets and prices are recorded as being good (OCHA 08/01). Food distributions are continuing but have become difficult in some areas as a result of seasonal flooding from the rainy season. Distributions have also been stopped in Bundibugyo town and Nahuka since April as a result of poor registration figures. They will be started again when new figures are available. The RNIS has not received any recent nutrition surveys but believes the situation to be non–critical.

### **Refugees**

There are currently estimated to be 178,201 refugees from Burundi, DRC, Rwanda and Sudan. The majority of these are situated in the northern areas of the country particularly in Kitgum, Adjumani, Moyo and Arua districts. The present figure represents a substantial decrease from the figure reported in July (see RNIS # 34) and is a result of a countrywide re–registration. The exercise indicated a reduction of over 22%, which has been attributed to repatriation and resettlement. Numbers of Sudanese refugees are often difficult to estimate because there is a continual movement across the border as a result of the fluid security situation in southern Sudan (OCHA 10/01).

In general the food security of the refugee hosting areas appears to be good, particularly in the West Nile area. The refugees benefit from a self–reliance policy that allows them to access education, business activities, trade and establish farms (IRC 07/01). It is thought that this year’s good harvest will have positively affected the refugee population. The increase in security will also have significantly helped the livelihood activities of the various refugee communities and is likely to have contributed to an improvement in the overall situation.

IRC conducted a nutritional survey in Achol Pii refugee camp, situated north of Kitgum town in north Uganda. The survey was conducted in late June 2001, during the hunger season, when morbidity rates are expected to be elevated and work in the fields is at its height. However, this should not affect the refugees because they receive a regular WFP food ration, but it is likely to constrain access to alternative food sources. The WFP food ration is less than a full ration at 1,900 Kcal/person/day. It is therefore essential that the refugees have

access to other food sources. Qualitative information from the survey suggests that a portion of the ration is sold to buy essential non food items and other income sources are the sale of firewood, thatch grass, the brewing of alcohol and casual labour (IRC 27/06/01).

The population of the camp was estimated to be around 21,000 and the survey sampled children under five and estimated a prevalence of acute malnutrition of 9.3% (W/Ht <-2 Z scores and/or oedema) including 1.8% of severe malnutrition (W/Ht <-3 Z scores and/or oedema) (IRC 27/06/01). The observed rates indicate that there is a problem of acute malnutrition but it is not above emergency thresholds and remains very similar to the last survey conducted in December 2000, suggesting that the situation is fairly stable. The survey indicates that the observed malnutrition is a result of an insufficient general ration and poor levels of food production, with further limitations on income generation. There are also significant problems with health and infant feeding practices (IRC 27/06/01). However, in general the situation of the refugees appears not to have deteriorated from previous surveys. The RNIS notes with interest that a micronutrient study has been conducted to determine the prevalence of micronutrient deficiency amongst the population. The results of the assessment, conducted by the Institute of Child Health in London, are not currently available.

### **Overall**

The reporting period has seen a general improvement in the humanitarian situation in Uganda, with a significant improvement in the security situation and generally good rainfall and harvests. This has led to a good food security outlook in all areas apart from Katakwi where the IDPs displaced by Karamoja attacks are believed to be extremely vulnerable (category II). In other areas of the country, including the northern areas of Kitgum and Gulu and the western areas of Bundibugyo, IDPs are not believed to be at elevated risk (category III). The same is currently true of refugees in the Gulu area (category III) although little is known of other refugee communities (category V).

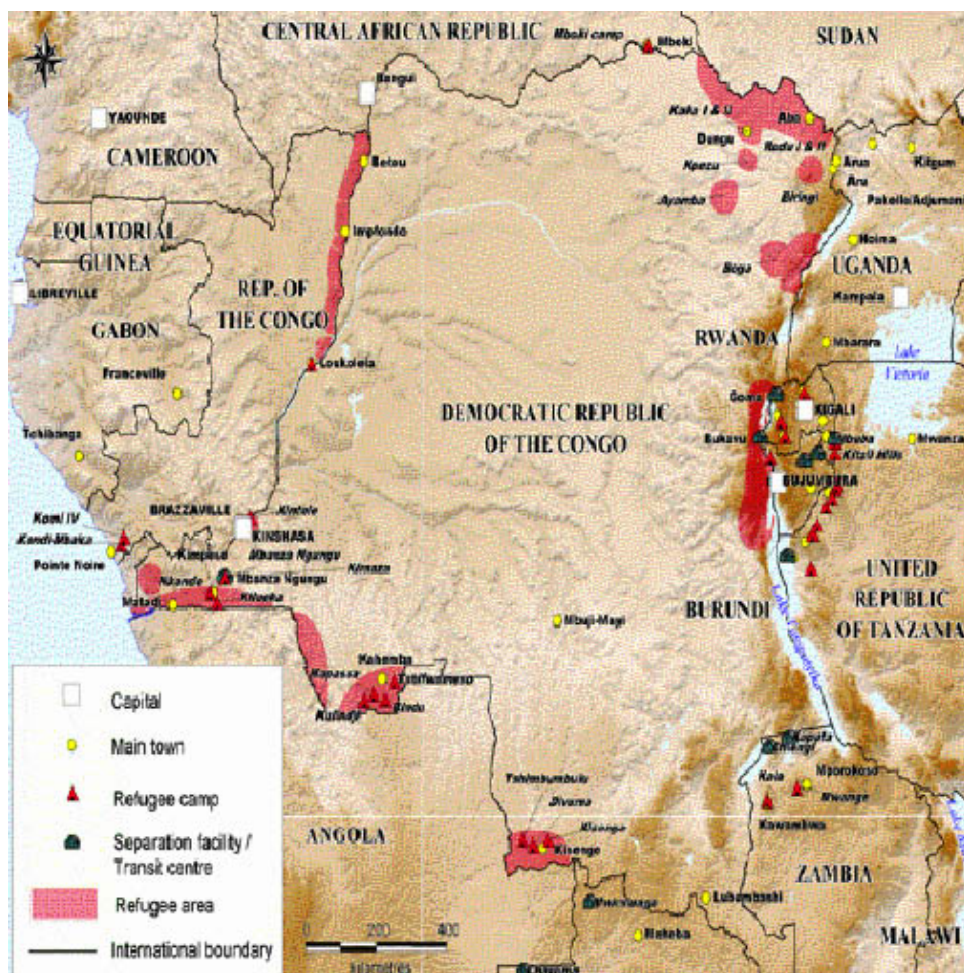
### **Recommendations**

*From the IRC survey in Achol Pii camp (IRC 27/06/01)*

- Improve the general ration to 2100 Kcal/person/day
- Improve screening at the community level to improve the identification of malnutrition
- Implement training on child-feeding practices
- Conduct household food security analyses to better understand refugee livelihoods.

## **SOUTHERN AFRICA**





## Angola

The reporting period has seen a further deterioration in the humanitarian situation in Angola as a result of an escalation in violence between UNITA rebels and government troops. The violence of recent months has been characterised by increasing attacks by UNITA on civilian targets including towns, villages, IDP camps and various transport routes, as well as an increase in military attacks by government forces. Whilst much of the country is reported to be insecure, fighting has been focused on Bengo, Bie, Huambo, Huila, Luanda Sul, Malanje and Moxico provinces, which are considered to be the political heartland of the country (OCHA 26/09/01).

The insecurity has huge implications for the humanitarian situation. At the end of September, OCHA estimated that 3.1 million people, or almost a quarter of the entire population, were displaced from their places of origin. Of this number, 1.23 million people have been confirmed by humanitarian agencies and are currently receiving assistance, with 384,400 having been displaced since the beginning of the year (OCHA 30/09/01). The number of those being displaced has grown enormously over the reporting period, clearly indicating the increase in military activity. In July, OCHA reported that 12,383 people were displaced (OCHA 31/07/01). This increased to 20,985 during the month of August (OCHA 31/08/01) and reached an annual high of 61,395 in September (30/09/01). The enormous increase in displacement is very concerning because it is placing enormous pressure on an already over stretched humanitarian system. WFP have reported that they are having great difficulty in funding their programs in the country, despite recent donations, and that there are likely to be critical shortfalls of sugar in December. This will affect supplementary and therapeutic rations used in the many selective feeding programs in the country. In November, WFP announced that it was not reaching all of its target beneficiaries and had frequently resorted to reducing ration sizes (WFP 02/11/01). WFP is currently assisting 820,000 people instead of the planned 1,040,000.

The IDP population remains extremely vulnerable as a result of ongoing and increased levels of insecurity. Many are driven from their lands by fighting, often for the second, third or fourth time, and chose to try and reach towns which have a WFP presence in order to be assured of some kind of humanitarian assistance. However, the journey to these centres is often long and arduous and humanitarian agencies frequently see

people arriving in camps and transit sites in a desperately poor condition. Many have spent many weeks in the open deprived of adequate food, water, shelter or health (SCF 13/08/01). One of the greatest problems for the humanitarian community remains access to these vulnerable populations. The insecurity in much of the country ensures that many areas remain inaccessible to humanitarian agencies and the needs and conditions of the populations in these areas remain largely unknown but is assumed to be very high.

In areas where access is possible it is often restricted to key cities and a narrow area or security perimeter around them. In a bid to increase access to vulnerable populations the UN Security Council recently called on the warring parties in the country to provide humanitarian "safe corridors". UNITA responded by announcing that it could not guarantee the safety of humanitarian workers without a bilateral cease-fire (IRIN 18/10/01). As a result, travel between areas is very hazardous and agencies often rely on air transport to supply the needs of their projects. Air transport has been limited by funding constraints on WFP's special operations and by the extremely poor condition of many of the runaways. Those particularly affected are in Kuito in Bie province and in Uige. Both airstrips supply very high numbers of IDPs (OCHA 30/09/01; WFP 02/11/01).

As a result of the continued increase in the number of IDPs and the deteriorating security situation, it is increasingly difficult to resettle IDPs due to a lack of available secure land. Returnees are also constrained by the huge number of land mines in and around many areas. Angola is officially the most heavily mined country in the world. There is also a chronic lack of construction material and access to basic amenities such as water, sanitation and health care is largely missing. As a result, only 67,000 out of a planned 500,000 people have been resettled by September of this year (OCHA 12/10/01)

The general food security outlook for the country and for IDPs in particular, is extremely poor. Many IDPs are almost totally dependent on food assistance to meet their nutritional needs and have little opportunity to find income or alternative food sources. It is very difficult to know the nutritional situation in many areas as a result of the lack of access. However, it appears that malnutrition rates have stabilised in areas where humanitarian access has been good. There is concern that the resurgence of increased insecurity will affect levels of malnutrition by adversely impacting on the general humanitarian situation.

### **Malange**

The security situation remains extremely precarious with reports of attacks occurring in various parts of the province. OCHA have also reported that access to some areas has been constrained by a lack of fuel, which has impeded the delivery of aid and other activities, particularly de-mining (OCHA 31/07/01). As a result of rises in insecurity the province has also seen a substantial increase displacement with 1,183 people reported in September alone (OCHA 30/09/01).

MSF-H conducted a nutrition survey in Cangandala in August 2001. The municipality lies to the south of the provincial capital, Malange and has seen a continuous increase in the number of IDPs arriving, most of whom appear to have come from the neighbouring province of Kwanza Sul. Security in Cangandala has been reasonable as it falls within the security perimeter around Malange. However, attacks have occurred and access by humanitarian staff is possible only with strict security precautions. The IDPs have received WFP food rations but these were cut to a half ration in August for IDPs who had arrived before October 2000 and for returned residents. The survey determined that the general availability of food in the area had been reasonable. The survey revealed an estimated prevalence of acute malnutrition (W/Ht <-2 Z scores and/or oedema) of 3.5% including 0.2% of severe malnutrition (W/Ht <-3 Z scores and/or oedema) (MSF 08/01). The results indicate that there is not a significant problem of acute malnutrition amongst the IDP population and, furthermore, that the results are very similar to the survey conducted in February 2001 (see RNIS # 32/33), indicating that the situation appears to be quite stable despite the increase in IDP numbers. The low rates of acute malnutrition are further corroborated by the Crude Mortality Rate (CMR) of 0.57/10,000/day and the underfive mortality rate of 1.17/10,000/day. The mortality rates are both below alert thresholds and indicate that the situation is well under control. The low levels of malnutrition and mortality are attributed to the provision of a regular general ration, the relatively good level of security, certainly in comparison to other areas, and the good access to medical care (MSF 08/01).

### **Bie Province**

The security situation in Bie province continues to be extremely poor with reports of heavy fighting between government troops and UNITA and the continued, large-scale displacement of population. Many of the displaced have headed for Kuito and Camacupa, in the hope of obtaining humanitarian assistance. During September it is estimated that 13,117 people were displaced in the province. The nutritional situation has been extremely poor but recent reports indicate that levels of malnutrition are greatly reduced, attributed

largely to the scale of the response to the emergency in Camacupa and Kuito, which has averted a possible disaster (SCF 13/08/01).

### ***Camacupa***

Earlier in the year, the situation in Camacupa was reported to be very poor with high rates of acute malnutrition and mortality. The scale of the humanitarian response has brought the situation under control but reports indicate that there are still large numbers of IDPs arriving in the camps. In general, access to the area has been good, although it is reported that the road from Kuito to Camacupa was closed for a couple of weeks following an attack on a private vehicle on September 19<sup>th</sup> (OCHA 30/09/01). However, food distributions continue to take place and the food security of the IDPs is relatively good, although SCF reports that income levels amongst the IDPs are very poor. This is because the opportunity to generate income and supplement their diets is poor with markets tending to be saturated with goods typically used for income generation such as charcoal and firewood (SCF 13/08/01). The RNIS has not received any recent surveys but it is reported in a WFP emergency report that a recent MSF–B nutrition survey revealed that malnutrition rates had dropped from the high rates observed earlier in the year (WFP 28/09/01). However, the situation still remains extremely precarious and OCHA reports that mortality rates amongst the IDP population remains unacceptably high (OCHA 31/08/01).

### ***Kuito***

The situation in Kuito remains extremely precarious as numbers of IDPs arriving to the town continue to grow. Many of the IDPs are arriving in very poor condition and are heavily reliant on humanitarian assistance to meet their needs. A recent SCF food security assessment indicated that 93% of the very poorest group defined in the town were residing in camps. The assessment also showed that the price of food, particularly staple foods, was increasing in the markets, but that general food availability was good. With the majority of the IDPs being classified as very poor, the issue becomes one of food access rather than availability. This is because the majority find it very hard to generate money with which to purchase food (SCF 13/08/01). The RNIS also notes with concern that the numbers of cases of pellagra (niacin deficiency) appear to be increasing. This is strongly indicative of the consumption of a very poor quality diet and is most likely a result of lack of access to foods other than food aid. The presence of pellagra in the population is an indication that the population is in nutritional crisis and it is very concerning to note that there appears to be a high degree of reliance on food assistance. It is extremely likely that in its absence the prevalence of acute malnutrition and mortality would increase significantly.

### ***Cuando Kubango Province***

As in other areas of the country, security is very precarious in Cuando Kubango and this continues to impact on the humanitarian situation of the displaced and local populations. The RNIS has no new nutritional information for Kuito Cuanavale but there are reports that the poor insecurity and the state of the road system have impeded the delivery of food aid in some cases. The last survey indicated that the situation was not critical and it is unlikely that the situation has deteriorated dramatically, although the IDPs should be considered as being extremely vulnerable.

### ***Menongue***

In July 2001, ACH conducted a nutrition and mortality survey in the municipality of Mengongue. The survey was conducted on a population of IDP and local children and revealed an estimated prevalence of acute malnutrition (W/Ht < -2 Z scores and/or oedema) of 4.7% including 1.2% of severe malnutrition (W/Ht < -3 Z scores and/or oedema). The survey also measured Crude Mortality and estimated a rate of 1.23/10,000/day and an under-five mortality of 3.17/10,00/day. The results indicate that levels of acute malnutrition are not above alert thresholds. However, the mortality rates are slightly elevated and indicate that the population is still quite vulnerable (ACH 07/01).

### ***Refugees***

The conflict in Angola has prevented large numbers of refugees from seeking asylum with Angola but the wars in the neighbouring country of DRC have driven an estimated 11,830 people into the country (OCHA 12/10/01). The RNIS does not have any information on the condition of the refugees, but it is known that they have access to humanitarian assistance and their condition is not thought to be critical. The conflict within Angola continues to force Angolans to flee across the border, mostly into the neighbouring countries of Namibia and Zambia. Namibia has a reported caseload of 30,380 Angolan refugees (UNHCR 26/10/01) and it

has been increasing steadily as a result of the continued fighting. As a result, Namibia has imposed a dusk to dawn curfew on the border with Angola in an attempt to control the movement of armed rebels into Namibia. However, there are concerns that this will prevent genuine refugees from seeking asylum as many chose to travel at night in order to avoid militias who might prevent them leaving for safety (UNHCR 26/10/01).

### **Overall**

The situation in Angola remains extremely precarious as a result of an increase in both rebel and government activity that has seen heavy fighting in many areas. The insecurity continues to displace enormous numbers of people and severely disrupt their livelihoods. As a result, IDPs often find themselves without any form of resources and suffering from extended periods of privation that leave them in a very poor physical state. Many are unable to cope with their situation without external assistance. The issue of access to these vulnerable populations remains extremely problematic and many areas of the country are simply not accessible to humanitarian agencies. In those areas where access is possible, it is often for limited periods and only in select areas around government held towns. As a result, there is a lack of information on the conditions of IDPs in inaccessible areas (category V). However, it can be assumed that they remain at very high risk. In areas where access is not a problem the condition of IDPs appears to be stable (category III) but the condition of IDPs in areas that suffer from intermittent and limited access is poor (category II).

### **Recommendations**

- Insure full support for the Global Appeals to prevent food pipeline breaks to populations

*From the ACH survey in Menongue (ACH 07/01)*

- Improve the general ration for all IDPs

*From the MSF-H survey in Cangandala (MSF-H 08/01)*

- Ensure the close monitoring of the food security situation
- Continue the selective feeding to serve as an early warning device for a worsening situation
- Improve emergency capacity to be prepared for large influxes of IDPs

### **Zambia**

Zambia has continued to receive steady influxes of refugees from Angola and the DRC, largely as a result of its civil and food insecurity. The total number of refugees in the country is estimated to be approximately 258,000. As of June 2001, there were an estimated 40,068 Congolese refugees in Mwange and Kala camps. The refugees receive a full ration of 2,100 Kcals comprising of maize, beans, salt and vegetable oil from WFP and also have reasonable access to land for agricultural purposes. Despite disturbances earlier in the year over breakages in the supply of aid, the condition of the refugees remains good (UNHCR 09/01).

There are currently estimated to be over 87,000 Angolan refugees in the country with the majority located in Mayukwayukwa and Meheba camps. A more recent camp has been created in Nangweshi that has already reached its capacity of 15,000 people, with no moves to create another camp to accommodate the ever increasing number of Angolans crossing the border in search of asylum. A clear distinction is made between "old" and "new" refugees, with all receiving a one time only installation kit containing a variety of non-food items designed to allow the refugees to set themselves up. There is also an allocation of land made, but it is not clear whether this is ongoing given the increasing numbers (UNHCR 09/01). It has been calculated that over 3,000 Angolans have fled into Zambia's western province in recent months at an average of 700 people per month, marking a dramatic increase from previous numbers and reflecting the upsurge in military activity in Angola. The new refugees have been going predominantly to a transit camp next to the Nangweshi camp. The Nangweshi camp is to the west of the Zambezi River in an area lacking agricultural land, restricting refugees' abilities to produce their own food (Xinhua 22/10/01). UNHCR have set up strict screening procedures for new arrivals as a result of concerns that the camp is also being used as a recruiting ground for rebels as it lies close to the border (IRIN 24/10/01). As a result of the increased influx of refugees there is concern that WFP does not have enough food in stock to serve the needs of the new arrivals (IRIN 25/10/01).

The RNIS has not received any nutritional information on the refugees but their condition is not thought to be critical, although it is concerning to note that there may be possible pipeline cuts in the future.

## **Overall**

The numbers of refugees in Zambia is increasing as a result of the continuation of conflict in neighbouring Angola. The new arrivals are likely to be in poor condition but will benefit from the good level of assistance to refugees in the Zambian camps (category III). The “old” refugees are mostly self sufficient to a large degree and are not thought to be at particular risk IV).

## **Recommendations**

- Support the new Global Appeal to ensure that the needs of new Angolan refugees are fully met.

## **ASIA – SELECTED SITUATIONS**

### **Afghanistan Region**

Following the terrorist attacks of September 11<sup>th</sup>, Afghanistan has become the focus of world attention as the target of retaliatory American air strikes against the ruling Taliban authorities and the terrorist network assumed responsible for the events of September 11<sup>th</sup>. This has very profound implications for the scale of the humanitarian emergency within and around Afghanistan and the ability of the humanitarian community to provide essential humanitarian assistance where it is most needed.

Afghans constitute the largest single refugee population in the world with an estimated 3.6 million people, representing thirty percent of the global refugee population (UNHCR 02/10/01). Large numbers of Afghan refugees have been present in neighbouring countries particularly Iran and Pakistan, as a result of more than twenty years of conflict within the country, which has left much of the state infrastructure destroyed and has brought the economy to an almost total standstill.

For a country that has consistently remained near the bottom of human development indicator tables, the past year has seen a further alarming deterioration in the overall humanitarian situation. The affects of long-term internal conflict have been worsened by three years of severe drought, claimed to be the worst in thirty years, which has resulted in the wide scale failure of much of the country’s staple wheat production. Successive years of crop failure, conflict and a critically poor economy have left many Afghans increasingly unable to meet their basic nutrition and health needs. For many, the last resort has been to use increasingly unsustainable forms of coping such as the selling of important assets. For many the final coping mechanism has been migration to areas both within and outside the country in an attempt to seek assistance and sustain themselves and their families. The most recent estimates available to the RNIS are that over one million people internally displaced in the country with at least 200,000 having crossed into neighbouring areas, although these are likely to change daily as a result of the rapidly changing context (OCHA 27/09/01).

As previously reported (RNIS # 34) the most drought affected and vulnerable areas of the country are the northern and central regions close to frontlines which are heavily dependent on rain fed agriculture. However, the mass internal displacement of population, that has occurred pre September 11<sup>th</sup>, and universally poor harvests have affected the entire country. Within this context the humanitarian community has been conducting a major aid effort hampered by increasingly bad relations with the ruling Taliban authority that has seriously hampered access to vulnerable populations. The increasing severity of the situation prompted WFP on 6<sup>th</sup> of September, to launch a new appeal for an emergency operation to address the needs of an estimated 5.5 million people for a twelve-month period. The appeal was a substantial increase over the original plans to feed 3.8 million people in the country until the end of March 2002 and reflected the urgency with which the humanitarian community viewed the deteriorating situation (IRIN 06/09/01).

### ***Increasing numbers of vulnerable people***

As a direct result of the rapidly emerging crisis in Afghanistan the numbers of people either partly or fully dependent on international assistance for their survival, has now increased by two million to a total of 7.5 million both within and outside the country (OCHA 27/09/01). Six million of these people are expected to remain in Afghanistan and 1.5 million are expected to become refugees in Pakistan and other neighbouring countries (OCHA 27/09/01). This represents almost a quarter of the entire population. Areas of particular

vulnerability remain the northern and western, rain fed agricultural regions of the country such as Herat, Badkhis, Balkh and Takhar in the Taliban controlled areas and the north eastern province of Badakhstan in the Northern Alliance controlled area.

The current conflict brings new threats to those living near front lines between the Taliban and the northern alliance, particularly in the north eastern region of the country but also in Ghor and Bamian provinces in the central region. The escalation of fighting has seen a major shift in the front lines, which appear to move on an almost daily basis. The American bombing has also forced many people to evacuate the cities with WFP reporting that up to 50% of Kabul have fled the city and in Jalalabad only 20% of the population are still resident (WFP 05/10/01; 12/10/01). Over the past year, the pattern of displacement has been from badly affected rural areas to the cities, in an attempt to find work. It is therefore concerning that recent displacement is a reversal of previous trends and is taking people into already badly affected rural areas unlikely to be able to sustain the growing population.

### ***Limited Humanitarian Access***

Highly restricted humanitarian access, particularly beyond the main cities, is seriously affecting the ability to get much needed assistance to the most vulnerable populations within the country. The security situation is now critical as a result of American air strikes and an increase in ground conflict. This is causing panic and a break down of order across the country.

International UN staff were evacuated immediately following the terrorist attacks of September 11<sup>th</sup>. Increasing insecurity, has meant all international staff were evacuated from the country for a while, although some have now been able to return (IRIN 01/10/01). In their absence, international assistance programs are usually run locally by national staff, with support from neighbouring countries. However, this has been severely hampered by a break down in communications, which has also made it extremely difficult to get information on what is happening on the ground. Poor security is also preventing many national staff from working, either as a result of displacement or out of a fear of being associated with western international organisations. There appears to have been a breakdown in law and order in many areas and there are reports of the looting of both UN and NGO offices and other resources, further destroying existing agency infrastructure and their operational capacity (IRIN 19/10/01). MSF have reported that the looting of several of their compounds in Mazar–ISharif and in Kandahar forced them to suspend relief activities in six provinces for a while (OCHA 19/10/01).

Traditionally, much of the food entering Afghanistan has been trucked across the border from Pakistan and Iran but this has become extremely difficult as commercial trucks are increasingly afraid to load or unload food, to drive deep into Afghanistan or to stay overnight in cities or towns (Oxfam 17/10/01). Islamic Relief have announced that they have 1000 MT of food in Quetta, Pakistan, designated for Afghanistan but are unable to find commercial truckers prepared to carry it into the country. WFP were seriously constrained in their capacity to transport food as a result of truck shortages in September and some of October. At one point they announced that they required 190 trucks to transport the 52,000 MT they needed per month, but only had the use of 90 (IRIN 19/10/01; WFP 18/10/01). Food assistance must be prepositioned before the onset of winter, which is in little more than a few weeks, as bad weather, snow and ice will seal off roads in many areas, especially the central region. However, the magnitude of the needs compared with the volumes that can realistically be moved in the current circumstances, indicates a crisis of epic proportions is to come, much of which will unfold unseen by the outside world. This has prompted a call by a group of NGOs to have a pause in the bombing to allow humanitarian agencies to be able to access the country with much needed food aid (Oxfam 17/10/01).

### ***Worsening Food Security***

In June 2001 the FAO/WFP Crop and Food Supply Assessment mission observed that rain fed crops had almost totally failed as a result of another year of severe drought (RNIS # 34). This is particularly serious as more than 85% of the country are dependent on agriculture for their livelihoods. As a result many families are both acutely and chronically food insecure and coping mechanisms which in normal years would have allowed many to find alternative modes of generating income have been exhausted, leaving many unable to meet basic food and non food needs. A series of surveys and assessments over the last year (see RNIS 32/33 and 34) have documented increased evidence of emerging famine conditions in the country with food stocks in many areas exhausted. Some of the observed coping mechanisms have been; the widespread distress sales of livestock and other forms of household assets, a dramatic increase in the number of people taking out high interest loans, the migration of males of working age, increased consumption of wild foods and as a final resort, distress migration of entire families to areas where they hope to receive assistance (FAO/WFP



08/06/01).

Many of the observed coping mechanisms are non sustainable and whilst providing short term income and access to food, will leave families close to destitution and unable to meet future needs. The sale of livestock is particularly worrisome as livestock products, including milk and milk products, traditionally contribute to dietary diversity and improved nutritional intake. The RNIS reported on cases of scurvy (vitamin C deficiency), possibly complicated by other micronutrient deficiencies in RNIS #s 32/33 and 34. All cases of scurvy occurred over the winter months when dietary quality was at its lowest. In the current circumstances further outbreaks of micronutrient deficiencies are highly likely, with associated increased morbidity and mortality. Loss of livestock also limits access to dried animal dung which is an important fuel source. Its absence for many is likely to be critical during the sub zero temperatures of winter (Concern 09/01).

The increase in insecurity within the country has come at a time when people would normally be putting aside provisions for the winter period and planting the winter wheat crop for harvesting in May 2002 (FAO 20/09/01). Food stocks for winter are crucial because the harsh winters provide very little opportunity to acquire fresh sources of food. Living in lower temperatures increases dietary energy requirements i.e. people need to eat more food. The current insecurity has and will continue to force many people to move and disrupt what coping mechanisms remain. There are also reports that the agricultural activities that normally take place at this time of year have also been disrupted meaning that the total planted area and production of cereals will be further reduced. This will have profound implications for people's food security for next year and is likely to mean that widespread reliance on food aid will continue for some time to come.

### ***Particularly vulnerable groups***

With the extent of the present crisis the entire population remains at greatly elevated risk but the most vulnerable remain the internally displaced. The majority of the IDPs are no longer able to cope with their situation without substantial assistance and must somehow find the means to survive during the winter months when temperatures are below zero. One such group are the Kuchi nomads who lost large numbers of livestock which are the basis of their livelihoods, providing both food and income. It is important to note that they are generally not thought of as IDPs because of their nomadic lifestyle and this has left them particularly vulnerable in the current situation. There is also concern for women and children because of the subordinate and severely oppressed position of women in Afghan society, and also because many families have lost men folk to the war and enforced conscription. Males are the major income generators in Afghanistan and severe restrictions on female work in Afghanistan make it very difficult for families without male members to sustain themselves.

### ***Humanitarian Response***

The humanitarian response to the crisis has been huge. On the 27<sup>th</sup> of September the UN launched a global appeal for over half a billion US dollars (584,035,652 USD) to deliver emergency assistance to 7.5 million Afghans deemed acutely vulnerable, both within and outside the country (OCHA 27/09/01). Central to the appeal is the figure of 7.5 million vulnerable Afghans. It is assumed that six million of these will remain in Afghanistan whilst the remaining 1.5 million will cross borders into neighbouring countries. The response to the appeal has been huge but WFP have reported that out of the 230 million US dollars they require, they face a shortfall of 97 million US dollars (WFP 02/11/01). The response has also been severely constrained by the security situation, which has made access to many areas of Afghanistan extremely difficult. With the continuation of the US air campaign and advances made by the Northern Alliance, there is a possibility that areas will start to become more accessible to humanitarian agencies. To this end WFP has developed a series of humanitarian corridors through Pakistan, Turkmenistan, Tajikistan and Iran and has increasingly succeeded in trucking aid in to many areas. The transportation of aid has grown enormously but was severely constrained for much of September. By the 29<sup>th</sup> of September there were 500 MT a day going into the country and WFP reported that a convoy had reached Kabul on October 1<sup>st</sup>, which had previously proved difficult (IRIN 01/10/01; WFP 05/10/01). For the first part of October, WFP succeeded in transporting 900 MT and estimated that it had trucked 5,000 MT of food by October 16<sup>th</sup>. October saw the capacity for transporting food grow enormously and WFP have recently reported that they are transporting 1,525 MT a day (WFP 02/11/01). On November 9<sup>th</sup> WFP reported that they have delivered 49,000 MT of food to the country since the beginning of October and over 40% of that has been delivered since the beginning of November (WFP 09/11/01). The increased capacity is a result of greater access to commercial trucks, the use of different aid corridors, the local purchasing of food. WFP has calculated that it needs to be transporting 52,000 MT of food aid per month to meet the needs of six million vulnerable people (WFP 04/10/01).

Another aspect of the food response has been the use of air dropped “humanitarian daily rations”( HDR). These are packets of energy dense food designed to meet the daily nutritional needs of a moderately malnourished individual. The HDRs have been used extensively by the American military as part of the operation Enduring Freedom’s Humanitarian Relief Mission. This has involved the “snowdropping” of the HDRs over areas of Afghanistan. As of October 16<sup>th</sup> the US Department of Defense had air dropped 397,020 HDRs, valued at 1,480,920 US dollars, into Afghanistan (USAID 17/10/01). This has been severely criticised by the aid community because the rations cannot be targeted at the most vulnerable. There is very little way of following up on their impact and most worryingly they are contributing to a link between the military action and humanitarian aid. This is likely to severely compromise the independence and neutrality of aid agencies and could affect their ability to work freely inside Afghanistan.

The humanitarian response in neighbouring countries has also suffered from poor security as a result of anti American sentiment particularly in the North West Frontier Province of Pakistan. In preparation for the influx of a possible 1.5 million refugees, UNHCR has been preparing camps along borders with Afghanistan, however these too have met with some opposition from local populations. The challenge remains to prepare sufficient sites in secure locations and with sufficient facilities to meet the needs of potentially hundreds of thousands of refugees.

## **TALIBAN CONTROLLED AREAS**

### **Central Afghanistan**

The central highlands and particularly the Hazarajat area have been designated as being at particular risk. OCHA have reported that security in Hazarajat is currently stable and aid offices in the region are able to function. However, the humanitarian situation in the area is deemed to be critical because the ice and snows of winter will cut off access to roads in the area in mid November. This will leave 100,000 families, who are dependent on outside assistance, without sufficient food supplies (IRIN 19/10/01). There are also reports that night time temperatures are now below zero across all high altitude areas and OCHA is reporting that there are already reports of increased rates of mortality (OCHA 17/10/01). The central region has also received a great deal of in-migration from large cities such as Kandahar and Kabul with people moving to rural areas in search of safety (UNHCR 17/10/01). This is adding to the burden of areas already impoverished by conflict and drought. The RNIS has not received any recent reports on the nutritional status of people in this region but given the severity of the situation it is almost certain to deteriorate over the winter months without sufficient outside intervention.

#### ***Kabul city***

Areas both within and around Kabul have been heavily bombed and the resultant fear and chaos in the city has resulted in up to 50% of the city having fled to safer rural areas. OCHA currently estimate that there are about 100,000 IDPs and 900,000 vulnerable people within the city (OCHA 20/09/01). There is no new nutritional information, but the humanitarian situation is thought to be extremely poor.

WFP have reported that food prices in the city have risen by 30% as a result of the insecurity (WFP 2/09/01). Humanitarian activities are ongoing with the continued arrival of WFP food and the continuation of bread distributions to 51,000 families as a part of the WFP General Bakery programme (WFP 05/10/01). Medical NGOs such as ACF are also reporting that their nutrition centres are still being run by national staff (ACF 19/10/01). ACF reports admissions of acutely malnourished children to their therapeutic feeding centres were 120 in July 2001 compared to 80 in July 2000, with the major causes being attributed to the poor economic situation and the low quality food being eaten (WHO 09/01). There have been numerous reports of UN and NGO offices being looted and the WFP warehouses in the city were commandeered by the Taliban for a while raising fears for the 5,300 MT of food they contained. They were subsequently returned (WFP 19/10/01).

### **Eastern Afghanistan**

The RNIS has received no recent nutrition information from the Eastern region. Jalalabad in the Eastern region lies close to the border with Pakistan and has been a major staging post of food and other aid deliveries from Pakistan. The UN estimates that there are currently 350,000 vulnerable people in the city (OCHA 27/09/01) and is expecting that a further 250,000 may become vulnerable. Already there are reports that many people are fleeing cities such as Kabul, Jalalabad and Kandahar seeking refuge in the Eastern area possibly as a result of its proximity to the Pakistani border and the prospect of being able to escape into Pakistan or at least be close to sources of humanitarian relief. WFP report that between 40 and 60% of the population of Jalalabad have fled the city to rural areas or to Pakistan (WFP 05/10/01). OCHA has also



reported that the number of patients in rural clinics in the eastern region has doubled in recent weeks as a result of the inflow of people (OCHA 03/10/01). The continued insecurity and greatly elevated influxes of IDPs into the area are likely to increase the vulnerability of people in this region.

### **Southern Afghanistan**

The southern city of Kandahar has been a centre for the Taliban for some time and has suffered heavily from American air strikes. It is estimated that up to 80% of the population of the town have fled to rural areas (OCHA 19/10/01). Prior to American attacks the UN estimated that there were approximately 700,000 vulnerable people including 200,000 IDPs. The number of vulnerable is likely to increase by a projected 310,000 people (OCHA 27/09/01). The RNIS has received no new nutritional information from the area but the humanitarian situation continues to deteriorate as a result of extreme insecurity, the drought and the poor economic status of many of the area's population. Commercial activities have reportedly decreased by 90% since September 11<sup>th</sup> (OCHA 03/10/01) and the price of flour has reportedly risen by 30%, which make access to food even harder for many within the city (WFP 05/10/01). Particularly alarming is the breakdown in law and order in the city with some reports of looting. International organisations have been particularly affected and this has had severe repercussions for their ability to remain operational. The Taliban authorities in Kandahar have also told the aid community that they are not in a position to assure their safety (OCHA 17/10/01). The Taliban occupied the WFP warehouse in Kandahar and the 1640 MT that it contained along with various vehicles, all of which are currently not available for humanitarian use (WFP 19/10/01). The extreme lack of humanitarian space to address the needs of the vulnerable and the deteriorating situation makes the population of Kandahar and the surrounding area extremely vulnerable to nutritional decline and further acute food insecurity

### **Northern Afghanistan**

The northern region of Afghanistan is made up of eight provinces and has an estimated population of over six million (ACF 0/01) and is considered to be amongst the worst affected regions in the country. The region has suffered the brunt of the drought and conflicted related insecurity and the OCHA estimates that there are 1.4 million vulnerable people including 500,000 displaced (OCHA 27/10/01). Results of a WFP survey in August and September revealed that the areas most in need of assistance were Badghis, Faryab and Ghor provinces (WFP 28/09/01). WFP has also expressed concern that at least 400,000 people are imminently about to run out of food in Faryab and Balkh provinces (OCHA 03/10/01) and is trying to get urgent food aid to the region through Turkmenistan.

#### ***- Balkh Province***

It is estimated that between 15 and 17,000 families (90–102,000 individuals) are displaced within Balkh province (ACF 08/01) and this is likely to have increased. The current situation is extremely serious as a result of American air strikes on Mazar–I–Sharif and the resultant push by Northern Alliance forces to take the city. The extreme insecurity in the area is hampering aid efforts to get food and essential supplies to many thousands of vulnerable people who have become increasingly dependent on outside assistance. It would seem likely that the insecurity is also forcing further displacements and curtailing what coping mechanisms existed. On top of the fierce fighting taking place in the province, there are many reports of looting of aid agency assets and on October 19<sup>th</sup> the Swedish Committee for Afghanistan (SCA) announced the closure of its offices in northern Afghanistan after offices in Mazar–I–Sharif and Pul–I–Kumbri were looted and in one case burnt (OCHA 19/10/01). Recently, there has been a Taliban edict ordering the return of stolen property and the UN has been able to retrieve some vehicles but looting has severely constrained the operational ability of humanitarian agencies.

The food security of the area has been poor for some time and a rapid assessment by ACF in August 2001, indicated that many of the displaced hoped to generate income and improve their access to food by finding jobs within the traditionally important agricultural sector of the province and in the city of Mazar–I–Sharif.

Some of the displaced moved in with families but many moved into more than thirty spontaneous camps in the province. A food distribution was available to those in camps and provided an average of 50kg of un-milled wheat per six person family per month (a full ration of whole grain cereals is usually 15kg per person per month, or 75kg for six people). Between ten and twenty percent of the wheat would have been lost during the milling process and a further ten percent on average went toward paying for the milling process. ACF estimated that only twenty percent of families received additional items to the food basket in the form of dahl (lentils), sugar and oil. As a result, the diet of many was extremely poor in terms of both quality and quantity with many reporting that they were eating bread and water with even tea being beyond their means (ACF

08/01). For the majority of the displaced, their arrival in the camps was a result of having eroded their household assets and having nothing left with which to survive. As a result they were almost totally reliant on begging and humanitarian aid (ACF 08/01).

The RNIS does not have any nutritional surveys from this region but rapid assessments from a number of agencies indicate high levels of acute malnutrition in numerous camps (ACF 08/01). The ACF assessment also reports that micronutrient deficiencies appear to be a problem with wide scale anaemia and possible cases of scurvy. At the end of last winter MSF-B and Save the Children (See RNIS # 32/33 and 34) found numerous cases of scurvy in the area and it is extremely likely that this winter will produce even more cases. There is little access to health facilities in the area and there have been worrying reports of diarrhoeal outbreaks, including cholera, as well as widespread respiratory infections. The RNIS has not seen mortality figures for the area but agency reports indicate that they have been above emergency thresholds in many camps (ACF 08/01). Given the current insecurity, acute food insecurity of the area and dependence of many of the displaced on humanitarian assistance, the situation appears to be extremely serious and steep declines in nutritional status can be expected leading to greatly elevated morbidity and mortality.

### **- Faryab Province**

The situation remains critical in Faryab and the latest nutritional survey information from the province is from an MSF survey in August in Qayser and Almar districts. The survey reports that a food distribution took place as well as a Food For Work program. The food distribution targeted 60% of the population, particularly vulnerable groups such as women headed households, and consisted of 50 Kg of wheat per family per month (MSF-H 06/08/01). The province has been suffering from both drought and conflict, and many people have been forced to move their families to other areas of the country such as Balkh province. The province has had two full nutrition surveys in the past year, which have both shown relatively low levels of acute malnutrition, particularly when compared to food security indicators. However the surveys have also shown mortality levels above emergency thresholds and have highlighted the presence of vitamin C deficiency (See RNIS # 32/33 and 34). The survey follows standard methodologies but was limited to villages within a four hour radius by car and donkey, from the towns of Qayser and Almar by insecurity and the rugged terrain. Because of the rugged terrain and insecurity, many areas of the country are extremely difficult to reach with any ease and this makes the implementation of a full nutrition survey in an open population extremely difficult. With clusters chosen at random it would be easily possible for a cluster to be chosen that was many hours or even days, by foot or donkey, from a logistical centre. This makes the implementation of surveys very costly in terms of both time and resources. The MSF survey illustrates the necessity of restricting the area of the survey but this does mean that some care must be taken when extrapolating the results to the wider area.

The survey estimated a prevalence of acute malnutrition (W/Ht < -2 Z-scores and/or oedema) of 9.8% including 0.8% of severe acute malnutrition (W/Ht < -3 Z-scores and/or oedema). These levels are not above alert thresholds and indicate that malnutrition is not a problem of public health significance. However, it is concerning to note that the ration of 50 Kg per family will work out at less than 10 Kg per person with no other food items included. This represents an insufficient ration and it is likely that in the absence of alternative food sources, the nutritional status of the population will decline. The crude mortality rate was estimated at 0.6/10,000/day and the under five mortality at 1.4/10,000/day. Neither of these figures are above alert thresholds but the survey authors make the point that it is likely that the most vulnerable have already left the area, possibly hiding a more serious situation. Many of the displaced have gone to Balkh province where the mortality rates have been considerably higher (MSF-H 06/08/01). The discovery of micronutrient deficiencies over last winter are a good indication of how marginal the nutrition of this population group is. The current situation in Afghanistan is likely to further compromise the nutritional status of this population and without increased assistance there is likely to be a severe deterioration in their nutritional status.

## **Western Afghanistan**

### **Herat city**

Herat has continued to receive some of the highest numbers of displaced with over 8,000 people arriving in camps a month. There are currently estimated to be 300,000 IDPs in camps in and around Herat city, many housed in little more than simple shelters affording very little protection from the weather. WFP has reported that the security situation is deteriorating in the region and that UNICEF and the International Organisation for Migration (IOM) have ceased all deliveries from Iran (WFP 19/10/01). The majority of the IDPs are almost totally dependent on humanitarian relief and regular food distribution have been taking place with a family ration of 65 Kg comprising of 50 Kg of wheat and 15 Kg of split peas. However, the ability of the humanitarian community to keep pace with the ever increasing numbers of IDPs has been severely constrained. The RNIS

does not have any new nutrition survey information but MSF, who are running therapeutic feeding centres in Maslakh camp, have reported “unacceptable” levels of acute malnutrition and their centres saw a 3% mortality rate during July and August (WHO 09/01).

In light of the poor food security of the population, it is concerning to note that there is a grave need for sanitation, health services and shelter. Many of the camps have suffered from high rates of diarrhoea with some cases of cholera being reported. The crowded conditions and lack of adequate sanitation make the camps ideal breeding grounds for cholera infection. MSF have suggested that conditions within the camps could easily see attack rates of as high as 5%, resulting in 7,500 cases in Maslakh camp alone (WHO 12/09/01). The other great concern for the camps is the provision of appropriate shelter and fuel for the upcoming winter. Last winter saw temperatures plummet to  $-25^{\circ}\text{C}$  with more than 150 people dying in one week (WHO 12/09/01). The supply of blankets, warm clothing and fuel will be critical. There have been reports of deaths from land mines as people venture out into areas of the countryside in search of wood for fuel. There is a grave need to provide people with basic food and non food needs in order to prevent excess loss of life.

## **NORTHERN ALLIANCE CONTROLLED AREAS**

### **North Eastern Afghanistan**

The province of Badakhstan in the north east of the country is under the control of the Northern Alliance. The province has been badly affected by both the drought and conflict but recent reports indicate that the security situation remains relatively calm with no reported movements of population or clashes reported. The current round of air strikes against Afghanistan are focused on the Taliban and their absence from Badakhstan has protected it from bombing and has made it slightly more accessible to humanitarian organisations. However, WFP operations are being affected by a lack of commercial transportation (WFP 19/10/01). There are currently estimated to be approximately 100,000 IDPs in the province with a further 200,000 vulnerable people (OCHA 27/09/01).

In August and September 2001, Concern Worldwide conducted a nutritional anthropometric survey in several provinces in the north of Afghanistan. The survey was interrupted by the events of September 11<sup>th</sup> and the survey was halted. However, data from the Khosh valley in Badakhstan had already been collected and an analysis was possible. The survey measured the nutritional status of non displaced children under five and their mothers. The estimated prevalence of acute malnutrition amongst these children was 11.5% (W/Ht  $< -2$  Z-scores and/or oedema) including 3.2% severe acute malnutrition (W/Ht  $< -3$  Z-scores and/or oedema). Maternal nutrition was measured using MUAC ( $< 21.5$  cm) corresponding to a BMI of below  $16.0\text{ Kg/m}^2$  and was estimated to be 21.2%. The rates of child malnutrition are slightly above alert thresholds, and the authors conclude that this was a result of an extended and severe hungry season compounded by a poor public health situation. The results of the maternal survey are alarming and were attributed to limited availability of food. They are a good indicator that coping strategies are near exhaustion (Concern 09/01). The results are considered particularly alarming because the survey came after the end of the hunger gap with the availability of the summer harvest. It is also concerning to note that the next harvest is nine months away in May/June 2002. Prevalences of diarrhoea and fever were also estimated and found to be high and significantly associated with acute malnutrition. Diarrhoea was found to be an important cause of acute malnutrition and followed a seasonal pattern with the highest prevalence being seen over the summer months (see ACF data in RNIS # 32/33).

The survey also collected information on the food economy of the area and the coping mechanisms employed by the villagers. An agricultural assessment revealed that the rain fed winter and spring wheat crops had universally failed and any harvested grain was described as poor quality. Most farmers claimed that they did not have sufficient staple food to last them through the winter and had next to no seed to plant for future harvests. A food economy analysis examined the impact of different forms of coping strategies on the ability of farmers to access food over the winter months. In the worst case scenario, 80% of families will be without access to food by January 2002 and in the best case scenario, which included relief distributions covering 22% of the annual food requirement, 50% will be able to meet their food requirements by January of next year (Concern 09/01).

There were many coping strategies employed by families but it was striking how many are totally unsustainable such as the sale of household goods, livestock and land and the use of high interest loans. It was also widely reported that there had been a reduction in food intake and in dietary variety both of which have and will continue to have severely adverse effects on nutritional status.

From informal interviews with different groups, as a part of the qualitative study, it was acknowledged that there was considerable preferential feeding of children by mothers who reduced their own intake before that of their children or husband's (Concern 09/01). This observation can only be reliably applied to the survey population but if it is a coping mechanism that is widely used in other areas of the country, then it would shed some light on the relatively low levels of acute malnutrition amongst child populations that have been observed by numerous surveys across the country. The relatively low rates amongst the under-five population have been puzzling given the apparent severity of the food security situation, although few if any surveys prior to this have considered all three groups of underlying causes, including food, health and care practices. This finding clearly shows the importance of including care-giving behaviours in a nutrition survey.

## **Afghan refugees in Pakistan**

The current situation in Afghanistan is having a huge effect on the numbers of refugees seeking asylum in Pakistan. However, even before the crisis started, Pakistan had one of the largest Afghan refugee populations in the world with over two million people. Many of these have been living in the country for a number of years in camps such as Shamshatoo, or in cities such as Peshwar, in the North West Frontier Province. Many refugees have been driven by a mixture of drought and the protracted conflict within Afghanistan which has left them unable to cope with the resultant grinding poverty and insecurity. The safety, economic opportunities and the presence of an existing sizeable Afghan community have made it an important destination for refugees. It is estimated that over 200,000 new refugees have arrived in Pakistan over the past year with 60,000 alone settling in the Jalozai refugee camps near Peshwar (WFP 28/09/01). However, as the numbers of refugees have mounted, the position of the Pakistani government hardened. The government has increasingly stated that it is unable to accept further refugees and has closed the border with Afghanistan to further refugee influxes. For much of the year it has also prevented the screening, and therefore the access to humanitarian assistance, of refugees in the Jalozai camp near Peshwar. On the 2<sup>nd</sup> of August 2001, UNHCR and the government of Pakistan signed an agreement to initiate screening of 180,000 residents in the Nasir Bagh, Jalozai and the new Shamshatoo camps in and around Peshwar (IRIN 20/08/01).

With the advent of the current crisis in Afghanistan the number of Afghans attempting to enter the country is growing by the day and the UN regional appeal for the crisis has estimated that as many as one million refugees could enter the country, fleeing an increasingly desperate humanitarian situation with Afghanistan (OCHA 27/09/01). It is extremely difficult to keep track of numbers of refugees entering Pakistan but the UNHCR has estimated that over 1,000 a day (UNHCR 15/10/01) have been finding their way across the borders and from Friday 19<sup>th</sup> to Sunday 21<sup>st</sup> of October, an estimated 13,000 people crossed the Chaman border post between Quetta in Pakistan and Kandahar in Afghanistan despite the border being officially closed. A further 15–20,000 are reported to be waiting across the border (UNIC 22/10/01).

As a result, there is tremendous pressure on the Pakistani government to open its borders and allow refugees to cross but to date the borders remain closed. In preparation, considerable effort is being put into building camps to receive possibly hundreds of thousands of refugees in extremely poor condition. In the direct aftermath of the American air strikes, efforts to identify and develop the camps were severely hindered by the security situation which saw mass anti US protests. In some cases these turned violent and resulted in attacks on various international organisations (IRIN 11/10/01). The situation has since calmed and preparations are under way to create camps for new refugees in Baluchistan province, bordering southern Afghanistan and the North West Frontier Province (NWFP) bordering eastern Afghanistan. The Pakistani government has stipulated that sites must be situated close to the border to prevent the uncontrolled entrance of refugees to the rest of the country. As a result, numerous sites have been examined and many found to be unsuitable. Some of the constraints have been a lack of proximity to water sources, the insecurity of some of the tribal areas and objections by local communities (IRIN 11/10/01). As of 19<sup>th</sup> of October, three to four sites will be ready in Baluchistan province with a total capacity of between 70–90,000 people and further sites are being prepared in the NWFP to accommodate 150,000 people (WFP 19/10/01).

A recent meeting between WFP, UNHCR and the Pakistani government has greatly clarified the refugee situation in Pakistan. The meeting agreed the establishment of eleven new sites for refugees can be opened for use with three in Baluchistan province and eight in the North West Frontier Province (UNHCR 08/11/01). The sites in Baluchistan are all near the Chaman border crossing and are expected to have a maximum capacity of 70,000 people. The meeting also agreed to include the estimated 135,000 people who have entered the country since September 11<sup>th</sup> but who have not been officially recognised. A third category of refugee to be included are the refugees currently in the New Jalozai camp near Peshwar. Many of these refugees arrived pre September 11<sup>th</sup> but have been joined by others after September 11<sup>th</sup>. The status of the camp has been in doubt and now the entire camp will be moved closer to the border (UNHCR 08/11/01). The RNIS does not have any recent nutritional information on either refugees since or before September 11<sup>th</sup> but it

can be assumed that they remain extremely vulnerable.

### **Afghan refugees in the Islamic Republic of Iran**

Iran shares the brunt of the world's Afghan refugee population with Pakistan. Very few of the refugees live in camps and many have been resident in the country for many years. However, the Iranian government has taken an increasingly hard line on the refugees in the country and many have opted to return to Afghanistan. The border with Afghanistan currently remains closed and there are no reports of influxes of refugees. Any possible refugee influx would be likely to come from Herat where there are 300,000 IDPs in makeshift camps. Iran is an important staging point in the current Afghan crisis, particularly for getting food and other relief items into the northern region of Afghanistan and is being used as one of the major food corridors for the transportation of humanitarian aid (IRIN 08/10/01). Relief agencies are currently stockpiling food, medicines, tents and blankets in the town of Mashhad which lies close to the border, in preparation for the influx of a possible 400,000 people who may flee violence and the worsening humanitarian situation in Afghanistan (OCHA 27/09/01). The Iranian government has been loath to create camps inside Iran but have identified sites on the Iranian side of the border opposite to Afghan areas where refugees are likely to collect. Taliban officials have also just given permission to the Iranian government to set up a refugee camp at Makhaki on the Afghan side of the border. The camp has a capacity of 7,000 people and there are currently estimated to be about 600 hundred people in the camp (OCHA 22/10/01). The RNIS has no nutrition survey information on refugees in Iran but it would seem likely that the nutritional status of new refugees entering the country would be poor.

### **Afghan refugees in Tajikistan**

Tajikistan is currently suffering from its own drought emergency and WFP has recently launched an appeal for 67,000 MT of food to cover the needs of those most severely affected (WFP 19/10/01). To date the borders with Afghanistan remain closed and the government continues to move existing Afghan refugees from the capital Dushanbe. There continues to be refugees on islands of the Pyanj river which makes up the border with Afghanistan. The refugees have been in the location for some time and numbers do not appear to have grown in recent months or as a result of wider conflict within Afghanistan. AAH-UK and Merlin are currently addressing the nutritional and medical needs of the populations and a recent AAH-UK rapid assessment survey on Island # 13 indicated that malnutrition was not a problem of public health significance in itself but that the diet quality of the refugees was extremely poor and was exacerbated by the poor health status and food security of the population (AAH-UK 03/08/01). WFP report that a recent assessment indicated a need for food assistance for between 6–8,000 people along the Pyanj river, requiring an input of 128 MT of mixed food commodities monthly. The current refugee situation in Tajikistan seems very calm but the current drought crisis in the country would make a significant influx of refugees extremely alarming and it can be assumed that they would be at high risk of nutritional decline in the absence of significant humanitarian intervention.

### **Overall**

The situation in and around Afghanistan has markedly deteriorated over the last year. The events of September 11<sup>th</sup> and the subsequent American air strikes have resulted in a massive further deterioration in the humanitarian situation. The already harsh food security situation of last winter has generally deteriorated. Growing numbers of displaced people, combined with restrictions on humanitarian access and immediately prior to the onset of winter, is having a very profound effect on the severity of the humanitarian situation. It will also greatly affect the ability of the humanitarian community to reach and address the needs of vulnerable populations. It is feared that excess morbidity and mortality will be the inevitable result of the harsh winter and a lack of access to basic needs such as food, water, shelter and health care, unless there is a major change in the current security situation.

Those displaced by drought and conflict within Afghanistan, and to neighbouring countries, are regarded as very acutely vulnerable (category I). The plight of the IDPs within Afghanistan itself deserves special mention because of the present lack of access to many of these groups. The refugees who have entered into neighbouring countries are equally vulnerable but are potentially better off because they are accessible to humanitarian agencies. However, the vulnerability of many is likely to remain high until appropriate facilities such as water and sanitation are established in the new and proposed refugee camps that are being built along border areas. The severity of the current situation is extreme, and likely to get worse. This means that many hundreds of thousands of people will not be able to satisfy their basic needs such as food, water, shelter and health care, over the winter period and will require some form of outside assistance to survive. The scale of the humanitarian appeal has been huge, but key UN agencies are yet to have their appeals met in full. The current situation is severely constraining the ability of the humanitarian community to provide

sufficient support to the enormous numbers of vulnerable. The ability to provide assistance is highly contingent on how the security situation develops and its impact on humanitarian access to the Afghan population.

### ***Recommendations and priorities***

#### *From the RNIS*

- Funding appeals must be met in full to ensure that humanitarian needs are addressed
- Every effort must be made by operational UN agencies to coordinate their nutrition activities on the ground
- Nutrition activities should be fully prioritised according to a comprehensive analysis of the needs on the ground
- In light of the strong link, made by the media, of the US and UK government's combination of military, diplomatic and humanitarian action, humanitarian agencies must endeavour to keep their neutrality and independence.
- Once security allows, assess the impact of food insecurity on all members of the household, in particular on household care-giving behaviours and also their anthropometric status.

#### *From MSF survey in Faryab province (MSF 06/08/01)*

- Food distributions should continue and be improved in terms of both quality and quantity
- Selective feeding capacity should be boosted and should include outreach screening where possible

#### *From the ACF Rapid assessment report from the northern region (ACF 08/01)*

- Implement a full General Food Distribution and give people seeds and tools to facilitate planting for next years crops

#### *From the Concern survey in Badakhstan (Concern 09/01)*

- Implement an emergency intervention to provide urgently needed food before winter.
- Conduct a distribution of seeds prior to the planting period for spring wheat in March 2002. (It is already too late to provide for the planting of rain fed winter wheat and barley)
- Distribute blankets and winter clothes before the onset of the severe winter weather

#### *From Refugees International (RI 16/10/01)*

- Develop safe humanitarian corridors to get food into Afghanistan
- Utilise the existing cross border trade routes. Central Asian traders are famously flexible and could be used to deliver aid. Monitoring mechanisms would have to be put into place
- Initiate an air service into some Afghan cities using planes from neutral countries
- Planning for air drops should go ahead as they may prove the only feasible way of getting food into the country

## **LISTINGS OF SOURCES FOR OCTOBER 2001 RNIS REPORT 35**

IRIN	15/08/01	Pakistan: Drought and hardship forcing Afghans home
IRIN	20/08/01	Uganda: IDP treatment “runs counter to humanitarian principles”
IRIN	20/08/01	Pakistan: Controversy over refugee screening process
IRIN	21/08/01	Sudan–Uganda: Bashir says support for LRA rebels has ceased
IRIN	22/08/01	IRIN West Africa Update 1044
IRIN	23/08/01	Sudan: Southern food aid operation faces serious constraints
IRIN	30/08/01	Afghanistan: Repatriation from Pakistan picks up pace
IRIN	03/09/01	Sudan: Rains prompt expanded food airlift
IRIN	06/09/01	Afghanistan: WFP warns of ‘pre–famine conditions’
IRIN	01/10/01	Afghanistan: Food aid resumes
IRIN	28/09/01	IRIN–WA Weekly Roundup 91
IRIN	01/10/01	Iran: Mashhad to become key staging point in Afghan crisis
IRIN	03/10/01	Sudan: Peace envoy says Khartoum committed to IGAD process
IRIN	04/10/01	Sierra Leone: Security council concerned by slow disarmament
IRIN	08/10/01	Sudan: Peace adviser says Khartoum “fed up” with peace talks
IRIN	11/10/01	Afghanistan: Special report on the humanitarian challenge ahead
IRIN	12/10/01	IRIN–HOA Weekly Round Up 58
IRIN	18/10/01	Angola: Ceasefire before ‘humanitarian corridors’
IRIN	19/10/01	Afghanistan: Aid agencies warn of rising starvation
IRIN	19/10/01	Eritrea: Economy will be hurt by crackdown on dissidents
IRIN	22/10/01	Guinea: UN team assesses impact of floods
IRIN	22/10/01	Somalia: Fear of renewed clash in the south
IRIN	23/10/01	Sudan: SPLA/M aims to shut down oilfields
IRIN	24/10/01	Angola–Zambia: Priority is new refugees – UNHCR
IRIN	25/10/01	Angola–Zambi: WFP faces food supply gap
IRIN	26/10/01	Sierra Leone: Peacekeepers deployed in Kailahun
IRIN	26/10/01	Guinea: Opposition to boycott next month’s referendum
IRIN	29/10/01	Somalia: Parliament votes out interim government
Moreels	07/01	Boboto–Amani: A report for Peace. Report from the special envoy for Humanitaria Affairs. Dr Reginald Moreels
MSF	16/10/01	Aid returns to strife–ridden Shabunda, eastern DRC
MSF	17/10/01	Unprotected civilians in Liberia. MSF briefs the UN Security Council

MSF-B	10/09/01	Nutritional Survey, Denan, Ogaden, Ethiopia
MSF-H	08/01	Cangandala Nutrition and Mortality Survey
MSF-H	06/08/01	Nutrition Survey in Qayser and Almar Districts, Faryab Province, Northern Afghanistan
PANA	26/10/01	Situation in Kanyabayonga worries MONUC
OCHA	23/07/01	Humanitarian situation in Angola monthly analysis: July 2001
OCHA	31/07/01	Kenya Humanitarian Update
OCHA	01/08/01	Uganda: Karimojong force over 80,000 into IDP camps
OCHA	08/01	Uganda Humanitarian Update. Volume III, Issue VII/VIII
OCHA	31/08/01	Humanitarian situation in Angola monthly analysis: August 2001
OCHA	17/09/01	OCHA Burundi: Update on the humanitarian situation 28/08-17/09/01
OCHA	20/09/01	Map provided by UN OCHA ReliefWeb
OCHA	26/10/01	Angola: Suffering follows 25,000 displaced
OCHA	27/09/01	Donor Alert: To Support an Inter-Agency Emergency Humanitarian Assistance Plan for Afghans in Afghanistan and in Neighbouring Countries
OCHA	27/09/01	Donor Alert: To Support an Inter-Agency Emergency Humanitarian Assistance Plan for Afghans in Afghanistan and in Neighbouring Countries (October 2001 - March 2001)
OCHA	30/09/01	Humanitarian situation in Angola monthly analysis: September 2001
OCHA	30/09/01	Sierra Leone Humanitarian Situation Report 01-30 September 2001
OCHA	10/01	Uganda Humanitarian Update: Volume III issue IX/X
OCHA	03/10/01	Afghanistan Crisis OCHA Situation Report No. 7
OCHA	05/10/01	Afghanistan: Donations pour in to avert humanitarian crisis
OCHA	05/10/01	Afghanistan: WFP plan massive food aid operation
OCHA	12/10/01	Affected Populations in the Great Lakes Region (as of 30/09/01)
OCHA	12/10/01	Angola: War intensifying with dire humanitarian consequences - Annan)
OCHA	15/10/01	Sierra Leone Humanitarian Situation Report 01-15 October 2001
OCHA	17/10/01	Afghanistan OCHA Situation Report No 11
OCHA	19/10/01	Afghanistan OCHA Situation Report No 12
OCHA	22/10/01	Flash OCHA-RDC situation humanitaire au 17 Oct 2001
OCHA	22/10/01	Afghanistan OCHA Situation Report No 13
OCHA	31/10/01	Uganda: Museveni sets target on Karimojong disarmament
OCHA	06/11/01	



		DRC 2 million USD “urgently required” to mobilise aid workers
OFDA	03/10/01	Mano River Countries – Complex Emergency Situation Report # 1
Oxfam	17/10/01	Aid agencies call for pause in bombing
R I	16/10/01	Afghanistan: Slow food deliveries threaten rising death rate
R.I	25/10/01	Rise in refugee numbers– A sign of continued fighting
SACB	16/10/01	Aid Urgently needed to protect thousands of lives in southern Somalia
SCF–UK	10/07/01	Raja Internally Displaced Persons (IDPs) Rapid Nutrition Assessment
SCF–UK	13/08/01	Food security assessment: Kuito, Bie province Angola
Tearfund/AAH	11/08/01	Preliminary results of Aweil South Anthropometric Nutrition survey
UN	2002	Consolidated Inter Agency Appeal for the Great Lakes
UNDP	15/08/01	Ethiopian Humanitarian Update
UNDP–EUE	03/08/01	Multi–Agency Assessment Mission
UNDP–EUE	09/01	Ethiopia Humanitarian Update
UNDP–EUE	22/10/01	Horn of Africa Review August to October 2001
UNDP I	27/09/01	D.R. or Congo: UN mission reports intensified fighting in eastern region
UNHCR/WFP/ARRA	31/05/01	Sudanese Refugee Camps, Gambella and Bengshangul – Gumuz National Regional States, Ethiopia
UNHCR	28/04/01	Tigray IDPs Rapid Nutrition Assessment
UNHCR	07/01	Morbidity rates for Somali and Sudanese camps combined for July 2001
UNHCR	09/01	Mid term review 2001
UNHCR	17/09/01	Afghanistan Humanitarian Update No. 1
UNHCR	02/10/01	Refugees by number 2001
UNHCR	03/10/01	UNHCR Afghanistan humanitarian update No 12
UNHCR	04/10/01	UNHCR Afghanistan humanitarian update No 13
UNHCR	15/10/01	UNHCR Afghanistan humanitarian update No 19
UNHCR	17/10/01	UNHCR Afghanistan humanitarian update No 20
UNHCR	22/10/01	Repatriation of 160,000 Eritreans resumes after four month halt
UNHCR	26/10/01	UNHCR briefing notes
UNHCR	08/11/01	UNHCR Afghanistan Humanitarian Update No 31
UNIC	22/10/01	Press briefing by the UN offices for Afghanistan and Pakistan
UNICEF	12/07/01	Burundi Situation Report
UNICEF	20/08/01	Afghanistan Donor Update

UNICEF	22/10/01	Burundi Donor Update
UNICEF	23/10/01	D.R. Congo Donor Update
USAID	28/09/01	Sudan: Complex Emergency Situation Report # 2
UNSC	07/09/01	Eleventh report of the SG on the UN mission in Sierra Leone
UNSC	05/10/01	Report of the Secretary General in pursuance of paragraph 13 (a) resolution 1343 (2001) concerning Liberia
UNSC	16/10/01	Ninth report of the Secretary-General on the UN organisation mission in D.R. Congo
USAID	17/10/01	Afghanistan: Complex Emergency Fact Sheet #10 (FY02)
USCR	02/10/01	More than half-million newly uprooted people in Central Africa and Horn of Africa in 2001
WFP	27/07/01	WFP Emergency Report No 30
WFP	24/08/01	WFP Emergency Report No 34
WFP	07/09/01	WFP Emergency Report No 36
WFP	27/09/01	WFP Afghanistan Update on humanitarian situation No 6
WFP	28/09/01	WFP Emergency Report No 39
WFP	28/09/01	WFP makes urgent appeal to restart airlift in war-torn Congo
WFP	29/09/01	WFP Rethinks Afghan Food Aid Strategy
WFP	04/10/01	Bertini appeals for donor generosity to Afghanistan: "Millions of Lives at Stake"
WFP	05/10/01	WFP Emergency Report No 40
WFP	10/10/01	WFP steps up food deliveries to Afghanistan
WFP	12/10/01	WFP Emergency report No 41
WFP	18/10/01	WFP Afghan update on humanitarian situation No 11
WFP	19/10/01	WFP Emergency Report No 42
WFP	02/11/01	WFP Emergency Report No 44
WFP	09/11/01	WFP Afghanistan Update on the humanitarian situation No 23
WHO/NUT	96.10	Indicators for assessing vitamin A deficiency and their application in monitoring and evaluating intervention programmes
WHO	2000	The management of nutrition in major emergencies
WHO	13/08/01	Weekly Update – Afghanistan
WHO	12/09/01	Foreign Correspondent, Herat, Afghanistan
WHO	09/01	Health Talks Afghanistan
WVI	27/09/01	Internally displaced go hungry in the DRC
Xinhua	22/10/01	Over 3,000 Angolan refugees flee into Zambia

#### **Abbreviations used in the text**

AAH-UK    Action Against Hunger UK

ACF–F	Action Contre la Faim France
ACF–USA	Action Against Hunger USA
ACH–S	Action Against Hunger Spain
AI	Amnesty International
BEG	Bahr El Ghazal
BMI	Body Mass Index
CAD	Children’s Aid Direct
CMR	Crude Mortality Rate
DRC	Democratic Republic of Congo
FAO	Food & Agricultural Organization of the United Nations
FEWS	Famine Early Warning System
FSAU	Food Security Assessment for Somalia
ICRC	International Committee of Red Cross
IDP	Internally Displaced Person
IRIN	Integrated Regional Information Network (of DHA)
IRIN–WA	Integrated Regional Information Network for West Africa (of DHA)
IRIN–SA	Integrated Regional Information Network for Southern Africa (of DHA)
MSF–B	Medecins Sans Frontieres – Belgium
MSF–CH	Medecins Sans Frontieres – Switzerland
MSF–F	Medecins Sans Frontieres – France
MSF–H	Medecins Sans Frontieres – Holland
MSF–S	Medecins Sans Frontieres – Spain
MOH	Ministry of Health
MUAC	Mid–ipper arm cricumference
NGO	Non–governmental Organisation
OA	Oxfors Analytica
OCHA	Office for the Co–ordination of Humanitarian Assistance
OLS	Operation Lifeline Sudan
RI	Refugees International
RoC	Republic of Congo (Congo–Brazzaville)
SCF–UK	Save the Children Fund – US
SCF–US	Save the Children Fund – US
UNDPI	United Nations Department of Public Information
UNHCHR	United Nations High Commissioner for Human Rights
UNHCR	United Nations High Commission on Refugees
UNICEF	United Nations International Children’s Emergency Fund

USAID	US Agency for International Development
WFP	World Food Programme
WHO	World Health Organization
WHM	World Harvest Mission

## TABLES AND FIGURES

### Information Available on Total Refugee/Returnees/Displaced Populations requiring assistance (as of October 2001).

Please note that these are best estimates at the time of going to press

Situation	Population Numbers					Total	Change from Jul-01	Nutr Stat*	Comment
	Condition								
	I: V. High Risk	II: High Risk	III: Mod Risk	IV: Not Critical	V: Unknown				
<b>Sub-Saharan Africa</b>									
1. Angola		2,300,000	800,000			3,100,000	-300,000	imp.	Situation remains extremely precarious for many and lack of access continues to be a problem
<b>2. Great Lakes Region</b>									
Burundi	142,452	146,585	172,581			461,618	81,839	det.	IDPs and returnees remain at high risk in many areas of country
E Dem Rep of Congo	990,000	932,000	300,720	184,000		2,406,720	71,721	det.	IDPs at v. high risk in worst war-affected areas. Others high to moderate. Refs. no change
Tanzania		5,723	537,422			543,145	4,572	det.	Refs. at high risk due to cut in rations. Drought-affected not shown
3. Eritrea		43,995				43,995	-14,168	imp.	Many war displaced have returned but mines and poor rains contribute to continued food

										insec
4. Ethiopia	176,000	200,000	100,000			476,000	-45,465	imp.		Many have Refs. V. se droug popu show
5. Kenya			213,610			213,610	0	sta		Refs. heigh due t Situ. droug popu show
<b>6. Liberia/Sierra Leone Region</b>										
Liberia		75,000	55,000	20,000		150,000	0	sta		Refs. Lofa due t
Sierra Leone	20,000	220,000	175,000		300,000	715,000	-860,000	imp.		IDP n impre in Go v.high mod. unkn unkn
Guinea-Conakry	7,000	100,000	120,000			227,000	463,000	imp.		Many Guine repat Sierra Liber
7. Somalia	200,000	180,000	120,000			500,000	143,000	det.		IDPs Moga high at high high
8. S. Sudan	412,386	1,800,000	833,223	99,320		3,144,929	168,000	det.		IDPs Kord Equit Bahr high/ Other
9. Uganda		262,733	250,865	197,328		710,926	-288,249	imp.		IDPs risk. I critica
10. Zambia			251,254	15,000		266,254	41,254	stat.		Refs. due t probl not c
<b>Total</b>	<b>8,213,874</b>	<b>6,266,036</b>	<b>3,929,675</b>	<b>515,648</b>	<b>300,000</b>	<b>12,959,197</b>	<b>-883,757</b>			

Asia/Europe (Selected Situations)									
11. Afghanistan Region	3,400,000	4,100,000				7,500,000	3,900,000	det.	Extensive drought and conflict induced displacement within the country and to neighbouring areas

I: High Prev – Those reported with high prevalences of malnutrition (where available >20% wasting) and/or micronutrient deficiency diseases and sharply elevated mortality (x3 normal)

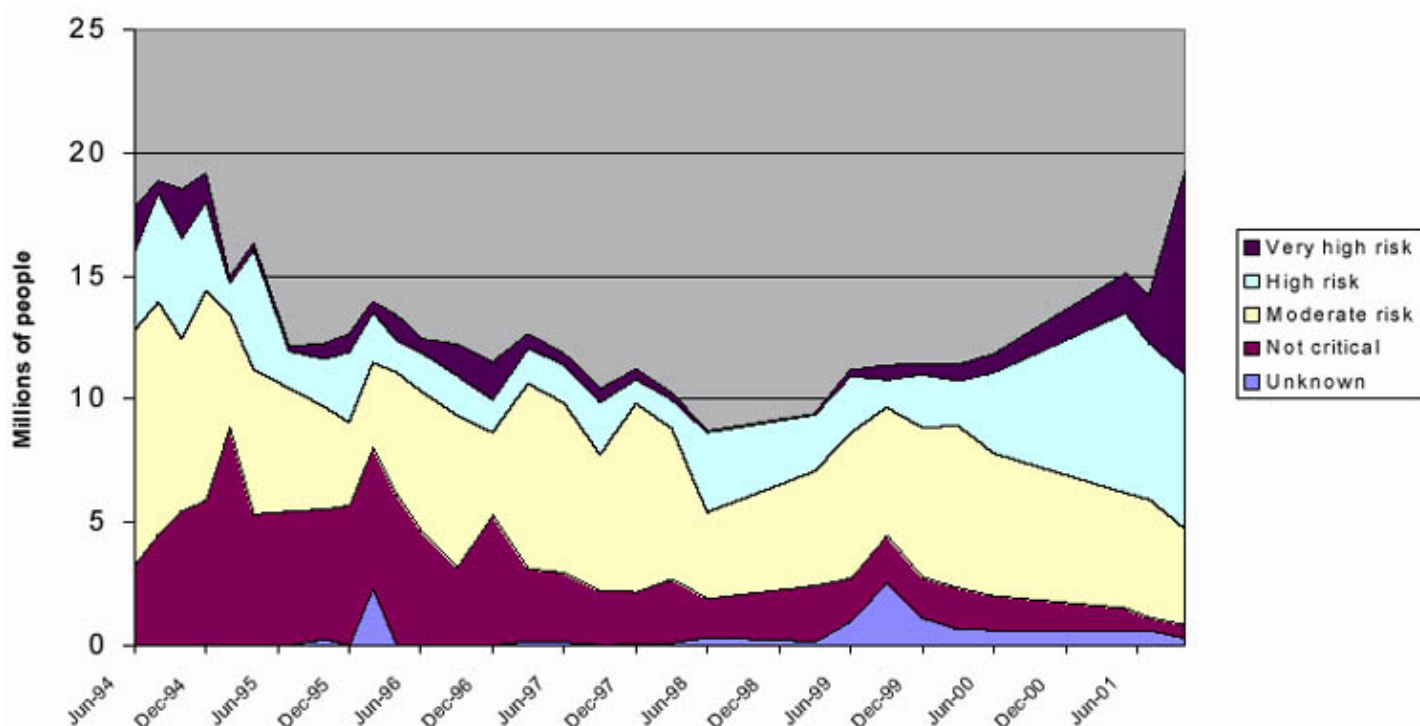
II: High Risk – Population at high risk, limited data available, population likely to contain pockets of malnutrition (e.g. wasting).

III: Mod Risk – Population at moderate risk, may be data available, pockets of malnutrition may exist.

IV: Not Critical – Probably not at heightened nutritional risk.

V: Unknown – No information on nutritional status available .

\*Indicates status of nutritional situation. Imp=improving; det=deteriorating; sta=stationary (i.e. no change)=



The number of refugees, returnees and IDPs in Sub-Saharan Africa and their nutritional risk over time

RESULTS OF SURVEYS QUOTED IN OCTOBER 2001 RNIS # 35

Survey Area	Survey conducted by	Date	% Wasted**	% Severely Wasted**	Oedema	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)	Measles immunisation coverage (%)
The Greater Horn of Africa								

<b>ETHIOPIA</b>								
Sudanese Refugees, Bonga	UNHCR/WFP/ARRA	31/05/01	9.0	1.7	0	–	–	92.4
Sudanese Refugees, Sherkole	UNHCR/WFP/ARRA	31/05/01	9.8	1.1	0	–	–	84.1
Sudanese Refugees, Fugnido	UNHCR/WFP/ARRA	31/05/01	20.7	3	0	–	–	86.2
Sudanese Refugees, Dimma	UNHCR/WFP/ARRA	31/05/01	10.8	0.7	0	–	–	80.1
Denan, Ogaden	MSF-B	10/09/01	30	2.4	0.2	0.1	0.27	88.2
<b>SUDAN</b>								
Bentiu	ACF	23/06/01	28.9	4.8	–	–		76.3
Rub Kona	ACF	23/06/01	38.4	6.8	–	–		76.2
Juba town	ACF	17/07/01	12.1	1	–	–	2.3	64.4
Juba surrounding	ACF	17/07/01	9.3	0.8	–	–	0.68	53.3
Aweil South County (OLS Sector)	AAH/Tearfund	11/08/01	21.9	3.1	0.3	–	3.86	13
Aweil town (GoS Sector)	ACF	15/09/01	26.4	5.4	0	–	6.5	41.1
Aweil camps (GoS Sector)	ACF	15/09/01	15.9	2.4	0.1	–	1.25	61
<b>West African Region</b>								
<b>SIERRA LEONE</b>								
Kenema District	Goal	08/01	6.2	1.6	0.9	1.06	1.8	49.9
<b>The Great Lakes Region</b>								
<b>UGANDA</b>								
Achol-Pi refugee camp	AAH-USA	27/06/01	9.3	1.8	1.1	–	–	86.9
<b>Southern African Region</b>								
<b>ANGOLA</b>								

Menongue ACF	07/01	4.7	1.2	1	1.23	3.17	65.7
Canganda MSF-H	0/01	3.5	0.2	0	0.57	1.17	63.7
<b>Afghan Area</b>							
Kosh Concern valley, Badakhstan, N.E Afghanistan	08/01	11.5	3.2	1.4	–	–	–
Qayser and Almar districts, Faryab, N. Afghanistan	06/08/01	9.8	0.8	0	0.6	1.4	19.4

\* Oedema is included in this figure

\*\* wt/ht unless specified; cut-off=n.s. means not specified but usually –2z scores wt/ht for wasting and –3z scores for severe wasting.

MUAC unless specified cut-off for wasting is <125 mm and <110 mm for severe wasting.

NOTE: see box on back cover for guidance in interpretation of indicators.

## NOTES ON NUTRITIONAL ASSESSMENTS IN THE TEXT

### *The Greater Horn Region*

#### *Ethiopia*

**Sudanese Refugee Camps** The surveys were conducted by UNHCR/WFP/ARRA in September 2001. A two stage cluster sampling methodology was used to measure children between 6–59 months. The sample sizes for the surveys were Bonga 543, Sherkole 642, Fugnido 644 and Dimma 609. For the prevalence of acute malnutrition (defined as <–2 Z scores weight for height and/or oedema) and severe acute (defined as <–3 z scores weight for height and/or oedema) see table above. Mortality rates were not measured but figures for measles vaccination coverage were and can be seen in the table above.

**Denan** The survey was conducted by MSFB in September 2001. A two stage cluster sampling methodology was used to measure 902 children between 6–59 months. The prevalence of acute malnutrition (defined as <–2 Z scores weight for height and/or oedema) was estimated at 30% (95% C.I. 24.6–35.5) and severe acute (defined as <–3 z scores weight for height and/or oedema) was estimated at 2.4% (95% C. I. 1.2–3.6). Mortality rates were taken from routine surveillance and calculated over the previous 4 months to give a crude mortality rate of 0.1/10,000/day and an under five mortality of 0.27/10,000/day. Measles vaccination coverage estimated from health card was 4.5% and 83.7% from mother/carer report.

#### *Sudan*

**Bentiu** The survey was conducted by ACF in June 2001. A multi-stage cluster sampling methodology was used to measure 928 children between 6–59 months. The prevalence of acute malnutrition (defined as <–2 Z scores weight for height and/or oedema) was estimated at 28.9% (95% C.I. 24.8–33.4) and severe acute (defined as <–3 z scores weight for height and/or oedema) was estimated at 4.8% (95% C.I. 3.1–7.4). Mortality was not measured but the measles vaccination coverage estimated from health card was 11% and 65.3% from mother/carer report.



**Rub Kona** The survey was conducted by ACF in June 2001. A systematic survey was used to measure 500 children between 6–59 months. The prevalence of acute malnutrition (defined as  $<-2$  Z scores weight for height and/or oedema) was 38.4% (95% C.I. 34.1–42.9) and severe acute (defined as  $<-3$  z scores weight for height and/or oedema) was 6.8%. (95% C.I. 4.8–9.5). The survey did not measure under five mortality. Measles vaccination coverage estimated from health card was 19.7% and 56.5% from mother/carer report.

**Juba town** The survey was conducted by ACF in July 2001. A multi–stage cluster sampling methodology was used to measure 989 children between 6–59 months. The prevalence of acute malnutrition (defined as  $<-2$  Z scores weight for height and/or oedema) was estimated at 12.1% (95% C.I. 9.4–15.5) and severe acute (defined as  $<-3$  z scores weight for height and/or oedema) was estimated at 1% (95% C.I. 0.3–2.5). The survey measured under five mortality which was estimated at 2.3/10,000/day. Measles vaccination coverage estimated from health card was 44% and 20.4% from mother/carer report.

**Juba surroundings** The survey was conducted by ACF in July 2001. A multi–stage cluster sampling methodology was used to measure 982 children between 6–59 months. The prevalence of acute malnutrition (defined as  $<-2$  Z scores weight for height and/or oedema) was estimated at 19.3% (95% C.I. 6.9–12.3) and severe acute (defined as  $<-3$  z scores weight for height and/or oedema) was estimated at 0.8% (95% C. I. 0.2–2.2). The survey measured under five mortality which was estimated at 0.68/10,000/day calculated retrospectively over the previous three months. Measles vaccination coverage estimated from health card was 13.4% and 39.9% from mother/carer report.

**Aweil South County** The survey was conducted by AAH–US/Tearfund in August 2001. A multi–stage cluster sampling methodology was used to measure 900 children between 6–59 months. The prevalence of acute malnutrition (defined as  $<-2$  Z scores weight for height and/or oedema) was estimated at 21.9% (95% C. I. 18.1–26.1) and severe acute (defined as  $<-3$  z scores weight for height and/or oedema) was estimated at 3.1% (95% C.I. 1.7–5.3). The survey measured under five mortality which was estimated at 3.86/10,000/day retrospectively over the previous three months. Measles vaccination coverage estimated from mother/carer report was estimated to be 13%.

**Aweil Camps** The survey was conducted by ACF in September 2001. An exhaustive survey was used to measure 129 children between 6–59 months. The prevalence of acute malnutrition (defined as  $<-2$  Z scores weight for height and/or oedema) was 26.4% and severe acute (defined as  $<-3$  z scores weight for height and/or oedema) was 5.4%. The survey measured under five mortality which was at 6.5/10,000/day calculated retrospectively over the previous three months although the authors indicate that there may have been problems with the recall period as notions of time tend to be relatively fluid. Measles vaccination coverage estimated from health card was 4.7% and 36.4% from mother/carer report.

**Aweil Town** The survey was conducted by ACF in September 2001. A multi–stage cluster sampling methodology was used to measure 719 children between 6–59 months. The prevalence of acute malnutrition (defined as  $<-2$  Z scores weight for height and/or oedema) was estimated at 15.9% (95% C.I. 12.3–18.8) and severe acute (defined as  $<-3$  z scores weight for height and/or oedema) was estimated at 2.4% (95% C.I. 1.1–4.7). The survey measured under five mortality which was estimated at 1.25/10,000/day retrospectively over the previous three months. Measles vaccination coverage estimated from health card was 9.2% and 51.8% from mother/carer report.

## **West Africa Region**

### **Sierra Leone**

**Kenema District** The survey was conducted by Goal in August 2001. A multi–stage cluster sampling methodology was used to measure 900 children between 6–59 months. Some areas were not surveyed as a result of poor security. The prevalence of acute malnutrition (defined as  $<-2$  Z scores weight for height and/or oedema) was estimated at 6.2% (95% C.I. 4.3–8.2) and severe acute (defined as  $<-3$  z scores weight for height and/or oedema) was estimated at 1.6% (95% C.I. 0.4–2.2). Crude mortality was estimated to be 1.06/10,000/day and under five mortality which was estimated at 1.8/10,000/day retrospectively over the previous twelve months. Measles vaccination coverage estimated from health card was 49.9%.

## **The Great Lakes region**

### **Uganda**

**Achol–Pii** The survey was conducted by IRC in June 2001. A two stage cluster survey methodology was used to measure 903 children between 6–59 months. The prevalence of acute malnutrition (defined as <–2 Z scores weight for height and/or oedema) was estimated at 9.3% (95% C.I. 6.8–12.6%) and severe acute (defined as <–3 z scores weight for height and/or oedema) was estimated at 1.8% (95% C.I. 0.8–3.6%). Measles vaccination coverage estimated from health card was 68.5% and 18.4% from mother/carer report.

## Southern Africa

### Angola

**Menongue** The survey was conducted by ACH in July 2001. A multi–stage cluster sampling methodology was used to measure 897 children between 6–59 months. The prevalence of acute malnutrition (defined as <–2 Z scores weight for height and/or oedema) was estimated at 4.7% (95% C.I. 3–7.2) and severe acute (defined as <–3 z scores weight for height and/or oedema) was estimated at 1.2% (95% C.I. 0.4–2.9). Crude mortality was estimated to be 1.23/10,000/day and under five mortality which was estimated at 3.17/10,000/day retrospectively over the previous three months. Measles vaccination coverage estimated from health card was 23.4% and 42.3% from mother and carer/report.

**Cangandala** The survey was conducted by MSF–H in August 2001. A multi–stage cluster sampling methodology was used to measure 462 children between 65–110cm. The prevalence of acute malnutrition (defined as <–2 Z scores weight for height and/or oedema) was estimated at 3.5% (95% C.I. 1.2–5.3) and severe acute (defined as <–3 z scores weight for height and/or oedema) was estimated at 0.2% (95% C.I. 0–0.8). Crude mortality was estimated to be 0.57/10,000/day and under five mortality which was estimated at 1.17/10,000/day retrospectively over the previous 92 days. Measles vaccination coverage estimated from health card was 51% and 12.7% from mother and carer/report.

## Afghanistan area

### Afghanistan

**Kosh Valley, Badakhstan** The survey was conducted by Concern in August 2001. A systematic sampling methodology was used to measure 438 children between 6–59 months. The prevalence of acute malnutrition (defined as <–2 Z scores weight for height and/or oedema) was estimated at 11.5% (95% C.I. 8.7–14.9) and severe acute (defined as <–3 z scores weight for height and/or oedema) was estimated at 3.2% (95% C. I. 1.8–5.3). This included 1.4% (95% C.I 0.1–2.3) oedematous malnutrition. The survey also measured maternal malnutrition and determined that 21.2% (95% C.I 16–27.1) of mothers of the children measured were malnourished (MUAC < 21.5 cm with BMI of below 16.0 kg/m<sup>2</sup>).

**Qayser and Almar** The survey was conducted by MSF in August 2001. A two stage cluster survey methodology was used to measure 902 children between 65–110 cm. The prevalence of acute malnutrition (defined as <–2 Z scores weight for height and/or oedema) was estimated at 9.8% (95% C.I. 7–12.5%) and severe acute (defined as <–3 z scores weight for height and/or oedema) was estimated at 0.8% (95% C.I. 0.3–1.3%). CMR was estimated at 0.6/10,000/day and the under five mortality was 1.4/10,000/day with both being calculated retrospectively from the Afghan New Year and was 136 days. Measles vaccination coverage estimated from health card was 9.8% and 9.6% from mother/carer report.

## NOTES

The 35<sup>th</sup> issue of the RNIS provides updates on selected emergency contexts around the globe. The focus is predominantly Sub–Saharan Africa and this reflects the greater amount of nutritional information from emergency contexts that is currently available for this region. There is also a large section on the Afghan Region which reflects the severity of the ongoing crisis. However, it is important to note that the situation is changing very rapidly, both in terms of numbers and the scale of the humanitarian response. Some previously covered countries have not been covered in this issue. This is because the RNIS has, for some time, been unable to source new information on the nutrition or food security situation of emergency affected populations in these contexts.

Detailed information on the surveys used in each RNIS issue is to be found in an annex at the back of the publication. The data comes from a variety of UN and NGO sources and the RNIS is very grateful for the

information it receives and would like to encourage agencies to send data, where available, as regularly as possible to [accscn@who.int](mailto:accscn@who.int)

The RNIS would also like to reiterate that it is mandated to provide information on the nutrition situation of refugees and displaced populations only. The RNIS cannot report the complexities of natural disasters such as the Horn of Africa drought. However, very extensive information is available on this and other natural and human made emergencies and can be accessed from the internet at <http://www.reliefweb.int>

Various country specific information is also available, and the RNIS would like to draw people's attention to reports by the UNDP Emergencies Unit for Ethiopia at <http://www.telecom.net.et/~undp-eue/> There is also the Food Security Analysis Unit for Somalia which produces regular 'Nutrition Updates', containing very detailed area specific data and analysis. To receive these reports please contact Noreen Prendiville at [noreen.prendiville@fsau.or.ke](mailto:noreen.prendiville@fsau.or.ke)



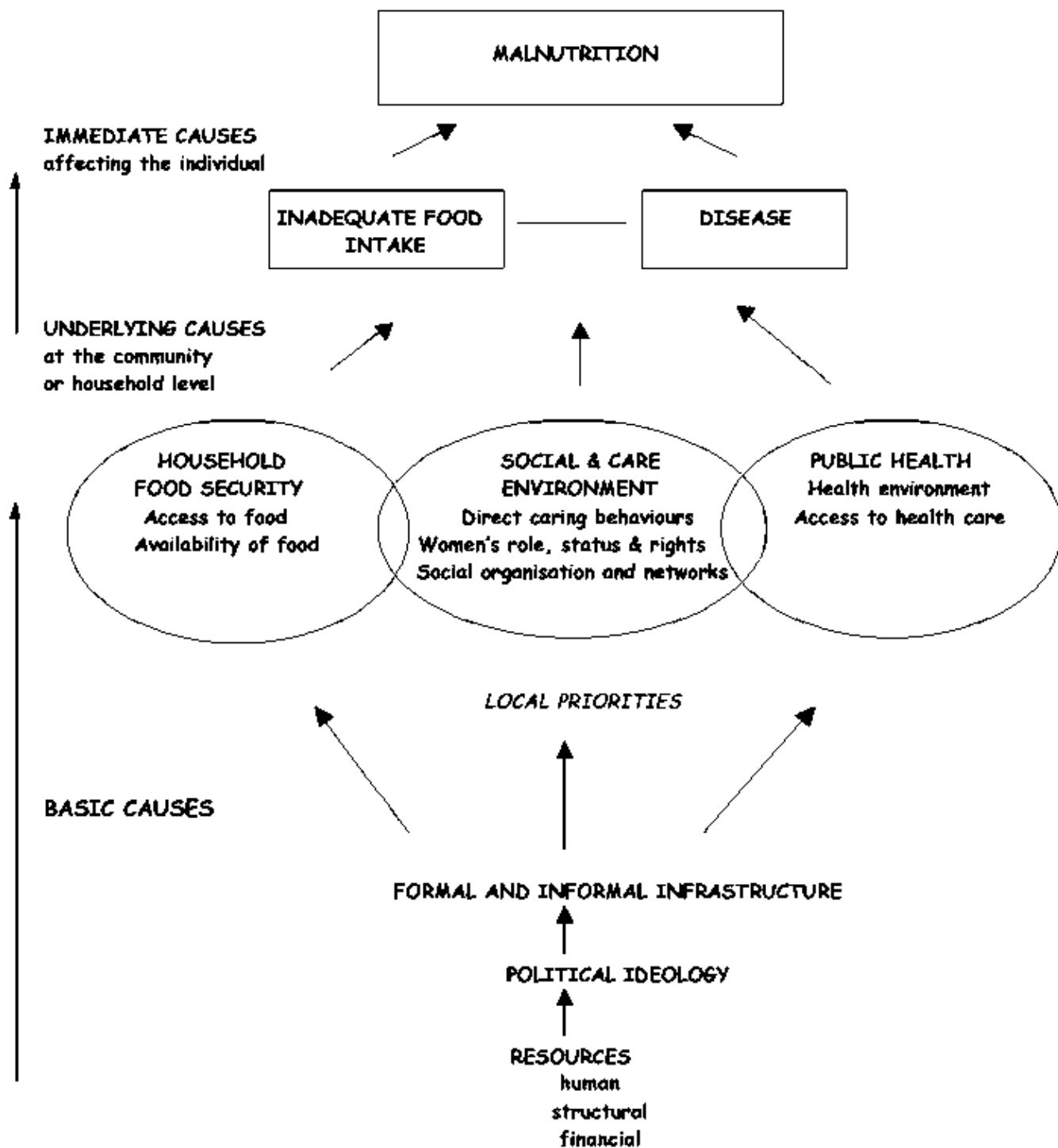
Map of Africa

**Seasonality in Sub-Saharan Africa\***

\* SOURCES: FAO, "Food Supply Situation and Crop Prospects in Sub-Saharan Africa", Special Report; No 4/5.

- Angola Coastal area desert, SW semi-arid, rest of country: rains Sept-April
- Burundi Three crop seasons: Sept-Jan, Feb-Jun., and Jul-Aug.

CAR	Rains March–Nov
Djibouti	Arid Climate
Ethiopia	Two rainy seasons February to May and June to October
Kenya	N–E is semi–arid to arid, Central and SW rains: March–May and Nov–Dec.
Liberia	Rains March–Nov
Mozambique	Coast is semi–arid, rest wet–dry. Harvest May
Rwanda	Rains Feb–May with Aug. harvest and Sept–Nov with Jan harvest
Sierra Leone	Rains March–Oct.
Somalia	Two seasons: April to August (harvest) and October to January/February (harvest)
Sudan	Rains April–Oct.
North	Rains begin May/June
South	Rains begin March/April
Togo	Two rainy seasons in S, one in N. Harvest August
Uganda	Rains Mar–Oct.
Zaire	Tropical climate. Harvest in N: November; in S January



The SPHERE Project Conceptual Model of the causes of malnutrition in emergencies (draft, adapted from UNICEF)

Note: the Sphere project is an initiative to improve the quality of humanitarian assistance and to enhance accountability of the humanitarian system, through the production of globally applicable minimum standards. The humanitarian Charter is at the core of the Sphere project – it re-affirms what is already known from international humanitarian law and human rights treaties. The charter makes explicit links to the defined levels of service delivery set out in the five core sectors: water supply and sanitation; nutrition; food aid; shelter and site planning; and health services. Together, the Charter and Minimum Standards offer an operational framework for accountability in humanitarian response – a common set of criteria for programme monitoring; a benchmark from which to make some judgement about the effectiveness of work; and, probably most importantly, a benchmark for use in advocacy to enhance levels of services. To obtain more information on the Sphere project at <http://www.sphereproject.org> or email: [sphere@ifrc.org](mailto:sphere@ifrc.org)

The UN ACC/SCN<sup>1</sup>, which is the focal point for harmonizing policies in nutrition in the UN system, issues these reports on the nutrition of refugees and displaced people with the intention of raising awareness and

facilitating action to improve the situation. This system was started on the recommendation of the SCN's working group on Nutrition of Refugees and Displaced People, by the SCN in February 1993. After a break of some months this is a combined thirty–second and thirty third publication of a regular series of reports. Based on suggestions made by the working group and the results of a survey of RNIS readers, the Reports on the Nutrition Situation of Refugees and Displaced People will be published every three months, with updates on rapidly changing situations on an 'as needed' basis between full reports.

Information is obtained from a wide range of collaborating agencies, both UN and NGO (see list of sources). The overall picture gives context and information which separate reports cannot provide by themselves. The information available is mainly about nutrition, health, and survival in refugee and displaced populations. It is organised by “situation” because problems often cross national boundaries. We aim to cover internally displaced populations as well as refugees. The system is aimed at the most nutritionally vulnerable people in the world – those forced to migrate – and the problems of those displaced may be similar whether or not they cross national boundaries. Definitions used are given in the box on the next page. The sections entitled “Priorities and recommendations” are intended to highlight the most pressing humanitarian needs. The recommendations are often put forward by agencies or individuals directly involved in assessments or humanitarian response programmes in the specific areas.

The tables and figures at the end of the report provide a quick overview. Table 1 gives an estimate of the total refugee/displaced/returnee population, broken down by ‘risk’ category. Situations are classed into five categories relating to risk and/or prevalence of malnutrition. The prevalence/risk is indirectly affected by both the underlying causes of malnutrition, relating to food, health and care, and the constraints limiting humanitarian response. These categories are summations of the causes of malnutrition and the humanitarian response:

- Populations in *category I* – the population is currently in a critical situation; they either have a *very high risk* of malnutrition or surveys have reported a very high prevalence of malnutrition and/or elevated mortality rates.
- Populations in *category II* are currently at *high risk* of becoming malnourished or have a high prevalence of malnutrition.
- Populations in *category III* are at *moderate risk* of malnutrition or have a moderately high prevalence of malnutrition; there maybe pockets of high malnutrition in a given area.
- Populations in *category IV* are not at elevated nutritional risk.
- The risk of malnutrition among populations in *category V* is not known.

These risk categories should not be used in isolation to prescribe the necessary response.

In table 2, refugee and displaced populations are classified by country of origin and country of asylum. Internally displaced populations are identified along the diagonal line, which may also include some returnees. Figure I shows the trends over time in total numbers and risk categories for sub–Saharan Africa. Annex I summarises the survey results used in this report.

## INDICATORS

**WASTING** is defined  $<-2S$  Z scores wt/ht, or sometimes  $<80\%$ , wt/ht by NCHS standards, usually in children of 6–59 months. For guidance in interpretation, prevalences of around 5–10% are usual in African populations in nondrought periods. A prevalence  $> 10\%$  is considered an alert and a prevalence of over 15% is considered serious. A 20% prevalence of wasting is undoubtedly high, although these figures should be interpreted with the context.

**SEVERE WASTING** can be defined as below  $-3SDs$  (or about 70%). Any significant prevalence of severe wasting is unusual and indicates heightened risk. (When “wasting” and “severe wasting” are reported in the text, wasting includes severe – e.g. total percent less than  $-2SDs$ , not percent between  $-2SDs$  and  $-3SDs$ .)

**STUNTING** is defined as less than  $-2SDs$  height–for–age by NCHS standards, usually in children aged 6–59 months.

**SEVERE STUNTING** is defined as less than  $-3SDs$  height-for-age by NCHS standards, usually in children aged 6–59 months. (When “stunting” and “severe stunting” are reported in the text, stunting includes severe – e.g. total percent less than  $-2SDs$ , not percent between  $-2SDs$  and  $-3SDs$ .)

**BMI** ( $wt/ht^2$ ) is a measure of chronic undernutrition in adults. We have taken  $BMI < 18.5$  as an indication of mild chronic undernutrition, and  $BMI < 16$  as an indication of severe chronic undernutrition in adults aged less than 60 years (WHO, 1995). The BMI of different populations should not be compared without standardising for body shape. (See July 2000 RNIS supplement on measuring adult nutritional status).

**MUAC** (cm) is a measure of energy deficiency in both adults and children. In children, equivalent cut-offs to  $-2SDs$  and  $-3SDs$  of  $wt/ht$  for arm circumference are about 12.0 to 12.5 cms, and 11.0 to 11.5 cms. In adults,  $MUAC < 22$  cm in women and  $< 23$  cm in men may be indicative of a poor nutritional status. BMI and MUAC are sometimes used in conjunction to classify adult nutritional status (James et al, 1994). Acute adult undernutrition may be diagnosed using MUAC. A  $MUAC < 18.5$  may be indicative of acute undernutrition and  $MUAC < 16$  of severe acute malnutrition. (See July 2000 RNIS supplement on measuring adult nutritional status).

**OEDEMA** is the key clinical sign of kwashiorkor, a severe form of protein-energy malnutrition, carrying a very high mortality risk in young children. It should be diagnosed as pitting oedema, usually on the upper surface of the foot. Where oedema is noted in the text, it means kwashiorkor. Any prevalence detected is cause for concern.

**ACUTE MALNUTRITION** is the prevalence of wasting (Weight for Height)  $< -2$  Z scores and/or oedema.

**CHRONIC MALNUTRITION** is the prevalence of stunting (**Height for age**)

**A CRUDE MORTALITY RATE** in a normal population in a developed or developing country is around 10/1,000/year which is equivalent to 0.27/10,000/day (or 8/10,000/month). Mortality rates are given here as “times normal”, i.e. as multiple of 0.27/10,000/day. [CDC has proposed that above 1/10,000/day is a very serious situation and above 2/10,000/day is an emergency out of control.] Under-five mortality rates (U5MR) are increasingly reported. The average U5MR for Sub-Saharan Africa is 175/1,000 live births, equivalent to 1.4/10,000 children/day and for South Asia the U5MR is 0.7/10,000/day (in 1995, see UNICEF, 1997, p.98).

**FOOD DISTRIBUTED** is usually estimated as dietary energy made available, as an average figure in kcals/person/day. This divides the total food energy distributed by population irrespective of age/gender (kcals being derived from known composition of foods); note that this population estimate is often very uncertain. The adequacy of this average figure can be roughly assessed by comparison with the calculated average requirement for the population (although this ignores maldistribution), itself determined by four parameters: demographic composition, activity level to be supported, body weights of the population, and environmental temperature; an allowance for regaining body weight lost by prior malnutrition is sometimes included (see Schofield and Mason 1994 for more on this subject). For a healthy population with a demographic composition typical of Africa, under normal nutritional conditions, and environmental temperature of  $20^{\circ}C$ , the average requirement is estimated as 1,950–2,210 kcals/person/day for light activity (1.55 BMR). Raised mortality is observed to be associated with kcal availability of less than 1,500 kcals/person/day (ACC/SCN, 1994, p81).

**INDICATORS AND CUT-OFFS INDICATING SERIOUS PROBLEMS** are levels of wasting above 20%, crude mortality rates in excess of 1/10,000/day (about four times normal – especially if still rising), and/or significant levels of micronutrient deficiency disease. Food rations significantly less than the average requirements as described above for a population wholly dependent on food aid would also indicate an emergency.

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